



# RIDE-ALONG REQUEST FORM

Napa Police Department  
Patrol Bureau  
1539 First St. Napa, CA  
94559  
(707) 257-9223

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Phone Number (home/Cell) \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

School Name (If Student): \_\_\_\_\_

Reason for Ride-Along request: \_\_\_\_\_

Have you been on a ride-along before:  No  Yes If so, when and where: \_\_\_\_\_

Napa Police Department Shift Hours:

	4-10 Teams	3-12.5 Teams
Dayshift	6:30 am to 4:30 pm	6:00 am to 6:30 pm
Swingshift	2:00 pm to 12:00 am	1:00 pm to 1:30 am
Graveyard	9:00 pm to 7:00 am	6:00 pm to 6:30 am

Days and hours you would like to ride: Limited to four (4) hours maximum):

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ From what time: \_\_\_\_\_ To what time: \_\_\_\_\_

***The person requesting to ride-along must sign the release and waiver of claims on the back of this form. Parents must sign if the ride-along is a minor.***

Please submit application at least ten (10) days in advance. You will be notified within five (5) working days if your request is approved or denied.

**First contact will be by email, (if email address is provided), second contact will be at the phone numbers provided.**

**For Office Use Only**

Approved:  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Denied:  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Notified  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

ILeads  RMS  DMV  C.H. Records Clerk/Date: \_\_\_\_\_ **Rode with Officer:** \_\_\_\_\_



## RIDE-ALONG REQUEST FORM

Napa Police Department  
Patrol Bureau  
1539 First St. Napa, CA  
94559  
(707) 257-9223

---

### RELEASE AND WAIVER OF CLAIMS

I \_\_\_\_\_, hereby release and discharge the City of Napa, the Napa Police Department, all agents, employees, and officers of the City of Napa, from all actions, causes of action, damages, claims and demands in law or inequity of every kind and character I may have against them, or any of them, and hereby waive all claims against them or any of them, resulting from any act, accident, or incident of any nature which may arise from riding in a police car or participating, witnessing, occurring, or arising out of being present at any police activity. I agree also to indemnify and save harmless the City of Napa, the Police Department of the City of Napa, all agents, employees, and officers of the City of Napa from any suits, claims or actions brought by any person or persons for or on account of any bodily injuries or diseases or illness or damages sustained or arising from my riding in a police car or participating, witnessing, occurring or arising out of being present at any police activity.

---

Signature

Address

Date of Birth

---

Parents Signature (If minor)

Address

Date of Birth

---

Minors Full Name

School

Date of Birth