



1201 Broad St., P.O. Box 286, Milliken, CO 80543 (970) 587-2772 • Fax (970) 587-8522

RIDE-ALONG APPLICATION

The Milliken Police Department is pleased that you have chosen to participate in our Ride-Along Program. The purpose of the program is to provide interested citizens with an insight into the operation of the department. It is our hope that you will find this experience informative and enjoyable. Please read the information and guidelines before completing this form.

I am aware of the risks and hazards inherent in accompanying one or more police department officers when on duty and do so voluntarily assume all risks of loss, damage or injury to my property, or me including death, which may be sustained while I accompany any officer(s).

In consideration of benefits for being allowed to participate in this program I waive any and all claims against the Town of Milliken, it's officers, agents and employees and agree to defend and indemnify the Town, it's agents and employees from all claims arising out of this activity.

Adult () Juvenile ()

Name:

Last First Middle

Address: _____ City: _____ State: _____

Phone: (Day): _____ (Night): _____

Date of Birth: ___/___/___ SSN: ___/___/___

In case of emergency contact:

Name: _____ Phone: _____

PARENT OR GUARDIAN CONSENT (FOR JUVENILE)

I, the undersigned, do certify that I am the parent or legal guardian of the above applicant, that I have read and understood the listed waiver of liability and responsibility, that I consent and agree to the terms stated herein.

Signature: _____ Date: _____

Print Name: _____



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RIDE-ALONG LETTER OF INSTRUCTIONS

The Milliken Police Department is offering the Ride-Along Program to you. As a participant you are expected to adhere to the following instructions.

1. You must sign a Waiver of Liability form. The waiver must be signed and submitted in person, prior to you being able to accompany a police officer.
2. Tape recorders and /or cameras will not be allowed unless specifically authorized by the Chief of Police.
3. It is very important that you do not interfere in the officer's activities. Please ask any questions you may have at a time that will not interfere.
4. You are prohibited from engaging in any police activity. You may not leave the police car or talk with prisoners, suspects, witnesses or other parties contacted on police business unless specifically requested by the officer.
5. You are riding in the capacity of an observer only. The officer is in complete control at all times. You must obey all instructions of the officer.
6. In the event of an inherently dangerous situation at either the officer's or supervisors discretion you may be dropped off immediately.

I, the undersigned, have read and understand the above listed instructions and I agree to the terms stated therein.

Signature: _____ Date: _____

I request to ride on (date): _____

Day shift () Night shift () With officer: _____

Applicant cleared by: (officer) _____ Date: _____

I agree to ride with whichever police officer is designated by the Milliken Police Department.

Applicant signature: _____ Date: _____

Supervisor's Approval: _____