

**CITY OF PEORIA POLICE DEPARTMENT
 CITIZEN OBSERVER PROGRAM – WAIVER OF LIABILITY
 8343 W. MONROE STREET, PEORIA AZ 85345 (623) 773-8501**

DATE RECEIVED : _____
SHIFT/TEAM : _____
SCHEDULED DATE : _____

| | | | | |
|---|------------|-------------------|----------------------------|-------|
| LAST NAME | FIRST NAME | MIDDLE | DATE OF BIRTH | SEX |
| | | | MALE FEMALE | |
| STREET ADDRESS | | | CITY | STATE |
| SOCIAL SECURITY # | | HOME PHONE NUMBER | WORK/BUSINESS PHONE NUMBER | |
| BUSINESS OR SCHOOL | | | | |
| IF POLICE APPLICANT -- PLEASE CHECK <input type="checkbox"/> | | | | |
| DO YOU HAVE A DISABILITY? | | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (IF YES, PLEASE DESCRIBE) | | | | |
| HAVE YOU EVER BEEN ARRESTED? | | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (IF YES, PLEASE PROVIDE DETAILS) | | | | |
| ARE YOU ON PROBATION AND/OR PAROLE FOR ANY CRIMINAL OFFENSE? | | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (IF YES, PLEASE PROVIDE DETAILS) | | | | |

Please indicate your preference below by circling the **Day of Week** and entering the exact **Date**. A ride along begins at the start of the scheduled shift hours indicated. If you do not plan to ride along for the below scheduled hours, please indicate the number of hours you will ride along in the last column. Two (2) preferences are recommended. Citizen Observer may ride longer than the scheduled five (5) hours with the approval of the Patrol Services Sergeant.
NOTE: This form must be received at least ten (10) days in advance of the requested ride along.

| Shift/Team | Day of Week | Scheduled Shift Hour | Date Requested | Preference (1 st , 2 nd , 3 rd) | Hours for ride along if different than scheduled shift |
|------------|-----------------------|------------------------|----------------|---|--|
| 1 BRAVO | Monday thru Friday | 6:00 a.m. – 4:00 p.m. | | | |
| 1 CHARLES | Thursday thru Monday | 6:00 a.m. – 4:00 a.m. | | | |
| 1 EDWARD* | Tuesday thru Saturday | 10:00 a.m. – 8:00 p.m. | | | |
| 2 FRANK | Tuesday thru Friday | 3:00 p.m. – 1:00 a.m. | | | |
| 2 HENRY | Friday thru Monday | 3:00 p.m. – 1:00 a.m. | | | |
| 2 IDA* | Friday thru Monday | 4:00 p.m. – 2:00 a.m. | | | |
| 2 JOHN* | Sunday thru Tuesday | 3:00 p.m. – 1:00 a.m. | | | |
| 3 NORA | Wednesday thru Sat. | 9:30 p.m. – 7:30 a.m. | | | |
| 3 PAUL | Saturday thru Monday | 9:30 p.m. – 7:30 a.m. | | | |
| 3 ROBERT* | Tuesday thru Friday | 6:00 p.m. -- 4:00 a.m. | | | |

*Scheduled Ride Along departs from Pinnacle Peak Public Safety Facility at 23100 N. Lake Pleasant Road, Peoria, AZ.

In consideration of my being permitted to ride upon the motor vehicles of the City of Peoria Police Department, I hereby release and agree to hold harmless the said Department, its employees and agents from any and all liability for any damage or injury, which I may receive while riding upon said motor vehicles, or received accompanying City of Peoria Police Officers from any cause whatsoever. This release of liability and agreement given by me to the Peoria Police Department, its employees and agents shall apply to any right of action that might apply to myself, my heirs, and my personal representatives. Further, I agree to assume all risks in riding in the said Peoria Police Department vehicles and in accompanying its officers, and am fully aware personal damage may be involved. I acknowledge that the Police Officers will be engaging in a variety of law enforcement activities during the Citizen Observer Program. I fully understand the requirement to comply with the directions of the law enforcement officer. Additionally, I understand and accept the risks of riding with a law enforcement officer who may be performing activities which include a degree of risk to my personal safety.

 SIGNATURE DATE

 WITNESS SIGNATURE DATE

| CITY OF PEORIA POLICE DEPARTMENT USE ONLY | | | | | |
|---|-----------------------------|-----------------------------------|---------------------------------------|-------------------|--------------------------|
| DATE RECD COMMUNICATIONS | LOCAL FILES | <input type="checkbox"/> NEGATIVE | <input type="checkbox"/> SEE ATTACHED | DATE | COMMUNICATIONS SIGNATURE |
| | ACIC/NCIC | <input type="checkbox"/> NEGATIVE | <input type="checkbox"/> SEE ATTACHED | | |
| | CITY BOOKING | <input type="checkbox"/> NEGATIVE | <input type="checkbox"/> SEE ATTACHED | | |
| DATE TO PSB SERGEANT | APPROVED DENIED | | | DATE | PSB SERGEANT SIGNATURE |
| CITIZEN NOTIFICATION: | DATE | TIME | CITIZEN NOTIFIED BY | | |
| OFFICER ASSIGNED: | DATE | START TIME | STOP TIME | OFFICER SIGNATURE | |

CITIZEN OBSERVER PROGRAM – WAIVER OF LIABILITY – (CONTINUATION)

COMMENT SECTION:
