

**ALLOW TWO WEEKS FOR COMPLETION OF BACKGROUND CHECK
FOR RIDE-ALONG REQUEST**

INSTRUCTIONS FOR CIVILIAN OBSERVERS

1. Observers are under the command of the officer/dispatcher at all times.
2. Observers will not leave the patrol car at the scene of any police activity unless permitted by the officer.
3. Observers will not participate in any police/dispatcher activity unless directly requested by the officer/dispatcher.
4. Observers will not speak to prisoners, suspects, witnesses, or any other parties contacted unless requested by the officer/dispatcher.
5. Observers will not interfere with officer/dispatcher activities at any time. Questions may be asked at appropriate times.
6. Observers will arrive at the police department lobby 10 minutes prior to the starting time.
7. Inappropriate clothing will not be allowed. No short shorts, cutoffs, T-shirts or shirts with crude language, tank or tube tops, or ball caps may be worn.
8. No tape recorders, cameras, or weapons allowed.
9. If you are unable to keep your appointment, notify a patrol sergeant as soon as possible by calling 480-782-4200.
10. All observers MUST sign a waiver of liability – no exceptions.
11. Bring your own money for meal breaks.
12. You will be contacted to schedule your observation after a background check has been completed and you are approved (two weeks). Citizen Observers are limited to one ride-along/observation per year.

I have read and understand the foregoing instructions.

Signature of Observer

**Observer Comments
To Be Completed after the Ride-along /Observation**

Please give us your feedback. We hope that your experience has been informative, enlightening and has given you a better perspective of law enforcement. Include what impressed you the most or any suggestions for improvement. Thanks!

CHANDLER POLICE DEPARTMENT

Citizen Observer Waiver of Liability

Note: You MUST reside, work, or go to school in Chandler to be eligible. Ride-alongs are for 5 hours.

Allow 2 weeks for your application to be processed. Fill out this form completely (front and back). Due to the confidential nature of some shift briefings, you may be asked to wait in the lobby. Due to priority calls for service, the officer may be delayed. Request the assistance of a patrol sergeant if the delay exceeds one hour.

PLEASE CHECK ONE BOX ONLY:

PATROL (with officer) DISPATCH LAB PARK RANGER

First Name: _____ Middle Name: _____ Last Name: _____
 DOB: ____ / ____ / ____ Eye color: _____ Race: _____ Hair Color: _____ Sex: _____
 Weight: _____ Height: _____ SSN: ____ - ____ - ____ DL# _____ State: _____
 Home Address: _____
City State Zip
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Employer/School: _____ Occupation: _____

In consideration of my being permitted to ride in the motor vehicles of the City of Chandler Police Department or observe in the Communications Center or Lab, I hereby release and agree to hold harmless the said City of Chandler, its employees and agents from any and all liability for any damage or injury which I may receive while accompanying City of Chandler personnel from any cause whatsoever. This release of liability and agreement given by me to said City of Chandler, its employees and agents shall apply to any right of action that might accrue to myself, my heirs, and my personal representatives. Further, if riding in the said City of Chandler Police Department vehicles and in accompanying its officers I am fully aware personal danger may be involved.

Date: _____ Signature: _____
(Must be signed in CPD employee's presence or notarized)
(seal) CPD Witness / Notary Signature: _____

UNDERAGE (Police Explorer) APPLICANTS: I, the parent, guardian, or legal custodian of the minor signing above, do hereby assent to the above waiver and agree to the terms stated above.

Date: _____ Signature: _____
(Must be signed in CPD employee's presence or notarized)
(seal) CPD Witness / Notary Signature: _____

*****POLICE DEPARTMENT USE ONLY*****

Record checked by: _____ 10-29 _____ 3x5 _____ Previously Rode: Y / N Date: _____
 Record indexed by: _____ Command approval (if warranted): _____ Approved / Disapproved _____
 Scheduled Date/Time/Sergeant: _____
 Observed with: _____ Officer/Employee Comments: _____
CPD EMPLOYEE APPROVAL ONLY: Supervisor's Signature and Employee Number: _____