

OXNARD POLICE DEPARTMENT RIDE-ALONG APPLICATION

Persons wishing to complete a ride-along with an Oxnard police officer must complete this application at least seven (7) days in advance of the day they wish to ride. Each request will be reviewed by the commanding officer of the day. You will be advised by email of your application approval or denial. Applicants for ride-along must be at least 16 years of age. Juveniles require signed permission of their legal guardian. Ride-alongs are limited to one per year and each ride-along is usually limited to four (4) hours in duration.

This application expires three months after date of approval.

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|--|--|-----------|--------------------------|---|-----------------------|
| Full Name Last | | Firs t | | Middle | Date of Birth: |
| of Applicant | | | | | |
| Driver's License #/State: | | | | Social Security # : | |
| Home Address: | | | Telephone Number: | | Sex |
| Purpose of Ride-Along? | | | | Have you ever been convicted <input type="checkbox"/> YES or pled guilty to any crime? <input type="checkbox"/> NO | |
| Your Email Address – REQUIRED (Used for notification/scheduling purposes only) | | | | | |

| Ride-Along Regulations | Initial Below |
|---|----------------------|
| <i>Please review the "Observer Rules of Conduct" and initial in each of the boxes to the left.</i> | |
| 1. Ride-along applicants understand that Oxnard Police will conduct an automated check of their DMV (motor vehicle) status and Criminal Offender Records Information ("RAP Sheet") for data related to prior arrests and convictions. | |
| 2. Appropriate "business casual attire" is required. T-shirts, tank tops, denim pants, tennis shoes, shorts and hats are unacceptable. The watch commander may refuse a ride-along to persons not properly attired. | |
| 3. Ride-alongs must wear the "Citizen-Observer I.D. Card" visibly at all times. The observer will use seat belts when the patrol unit is in motion. The observer shall not exit the patrol unit without express permission of the officer. | |
| 4. The observer shall not become involved in any investigation by handling evidence, contacting victims, suspects or witnesses, nor shall the ride-along handle or operate police equipment. | |
| 5. Observers must follow the instructions of officers at all times. If the observer fails to comply with directives, the ride- along will be returned to the watch commander for appropriate action. | |
| 6. During your ride-along, you may be exposed to information on persons contacted by, or under investigation of, the police. You are prohibited by law from divulging any information to anyone. | |
| 7. I understand that I am prohibited from taking photographs or making any type of recordings (e.g., video, audio) during a ride-along. Exceptions may only be made for members of the media and only with prior approval of the Chief of Police or their designee. | |
| 8. I understand that I may possibly be subpoenaed to testify in court for incident(s) that I witnessed during the ride-along. | |

DO NOT WRITE BELOW THIS LINE

| Date Completed | Oxnard Police Department Staff Action | Staff Initials |
|-----------------------|--|-----------------------|
| | Application received by Records <input type="checkbox"/> via mail <input type="checkbox"/> at counter <input type="checkbox"/> via fax | |
| | Records Check (attach printouts) <input type="checkbox"/> CORI <input type="checkbox"/> DMV <input type="checkbox"/> NCIC <input type="checkbox"/> VCIJIS <input type="checkbox"/> IN-HOUSE <input type="checkbox"/> PREVIOUS RIDE-ALONG DATE: | |
| | Application submitted with attachments to Watch Commander for review | |
| | Application review by Watch Commander: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED Reason: | |

| | |
|---|--|
| Applicant emailed/telephoned by Watch Commander with application results. | |
| Ride-Along Scheduled Date & Time: | |
| Officer has reviewed and understands the department's ride-along policy regarding the officer's responsibility (Department Policy 410.3) and control of the ride-along (Department Policy 410.4). | |
| Does officer recommend future ride-alongs for this applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason: | |
| Application submitted to records after completion of ride-along. | |
| In-house name entry. Application kept on file for two (2) years. | |

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE

WAIVER AND RELEASE OF CLAIMS

I, _____ (print name), not being a member, employee, or agent of the Oxnard Police Department ("OPD"), have made a voluntary request for permission to ride as a guest or observer in an OPD vehicle at a time when such vehicle is operated and manned by OPD personnel. I have further requested to accompany an Oxnard Police Department member or members during the active performance of their official duties.

By my signature on this waiver, I acknowledge that I have been warned that the work and activities of law enforcement officers is inherently dangerous and involves possible risk of death, injury, damage expense, or loss to person or property. I am aware that police officers in police cars must sometimes chase suspected criminals at high speeds and are occasionally shot at, attacked, forced off the road and assaulted by other means.

I (plus parent or legal guardian where applicant is a juvenile under the age of 18), hereby agree that the City of Oxnard, the OPD, any member of the OPD, the driver or owner of any automobile owned or operated by, or in the service of the City of Oxnard, their sureties, and each of them individually and/or collectively, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his/her parents and/or legal guardian, estate, or heirs, for any injury, damage, expense, or loss to any person or property of the undersigned incurred while riding as a guest or observer in any OPD vehicle and/or while accompanying an OPD member during the active performance of his or her official duties.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

I hereby declare under penalty of perjury that I have read and understand the foregoing waiver and release of claims statement and fully agree to each and every term and condition contained herein.

PLEASE SIGN IN PRESENCE OF ON-DUTY WATCH COMMANDER

| | |
|-------------------------------|------------------------------|
| Date Signed | Location Signed |
| Signature of Applicant | Printed Name |
| Signature of Guardian | Guardian Printed Name |
| Witness Signature | Date Signed |
| Assigned Officer | Beat Assigned |
| Watch Commander | Miscellaneous Notes |

Please mail, drop off or fax (do not email) this application as soon as possible to:
Oxnard Police Records • 251 South "C" Street • Oxnard, CA 93030 • Fax 805.385.7727

If you wish to drop-off this application, please call 805.385.7650 for Records Division hours of operation.

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