

# Wausau Police Department Ride-Along Request Form

Date: \_\_\_\_\_

Name (first, mi, last): \_\_\_\_\_ DOB: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Briefly explain your reason for wanting to participate in the ride-along program:

A ride-along is limited to 4-hours. Please check your preferred time frame:

6:30 AM to 10:30 AM

6:30 PM to 10:30 PM

10:30 AM to 2:30 PM

10:30 PM to 2:30 AM

2:30 PM to 6:30 PM

Interested in a career at the Wausau Police Department? Yes  No

<https://www.wausauwi.gov/your-government/police/recruitment>

Interested in volunteering for the Wausau Emergency Police? Yes  No

<https://www.wausauwi.gov/your-government/police/community-programs>

# Release and Waiver of Liability

## Wausau Police Department Ride-Along Program

For and in consideration of the City of Wausau Police Department extending me, at my request, the opportunity of participating in the Ride-Along Program, I hereby assume all risk of personal injury, death, property damage and any other loss I may sustain in and about any patrol car and in any other way arising out of the program, and I hereby release the City of Wausau, its officials, Police Department, police officers and all other personnel from any and all liability whatsoever for personal injury, death, property damage and any other loss I may sustain in and about any patrol car and in any other way arising out of the program.

I further agree to indemnify and hold harmless the City of Wausau, its officials, police department, police officers and all other personnel from any and all claims, demands or actions arising out of personal injury, death, property damage or other loss to me in and about any patrol car and in any other way arising out of the program.

It is my intent that the assumption of risk, release, and hold harmless herein described are binding upon my heirs, executors, and administrators.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

If applicable – Signature(s) of parent(s)/guardian

Signature of Father: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

Signature of Officer Witness: \_\_\_\_\_

Date of Officer Witness: \_\_\_\_\_

**Please allow at least 2 weeks for processing**

# Ride-Along Rules of Conduct

Riders must be at least 18 years of age.

Riders will not in any way interfere or assist the officer unless their aid is requested.

Riders will not be allowed to be present on juvenile cases where records and arrests are, by law, confidential.

Riders will not be allowed to be present during interviews of a serious criminal incident such as a homicide or morals offense.

Riders will not be allowed to be present during any interrogation on a criminal matter.

Riders will not enter into or upon any person's private property or residence where officers are responding to a disturbance or complaint.

Riders will not leave the police car without the permission of the officer.

Riders must wear appropriate attire, appearing neat and well-groomed. Collar-less shirts are not permitted. Pants cannot be raggy, over-sized, or have holes. Riders not conforming to appearance standards will be denied participation in the Ride-Along Program.

## For Official Use Only

Rode: Yes  No (needs to be scheduled):

Approved:  Disapproved:  By Supervisor: \_\_\_\_\_

Date and Time assigned to ride: \_\_\_\_\_

Officer to whom rider assigned: \_\_\_\_\_

Would officer approve to ride along again: Yes  No