

GRAND RONDE TRIBAL POLICE DEPARTMENT

Office: 503.879.1821 **♦ Fax:** 503.879.2417 **Non-Emergency Dispatch:** 503.879.2123

26870 Salmon River Highway, Grand Ronde, OR 97347

Mailing Address: 9615 Grand Ronde Road, Grand Ronde, OR 97347

RIDE ALONG APPLICATION

This is a voluntary request to ride as a guest in a vehicle operated by the Grand Ronde Tribal Police Department, and to accompany a member of the Grand Ronde Tribal Police Department during the performance of his or her official duties.

As part of this application, you agree to undergo a criminal history check.

As an applicant you agree that your basic responsibilities on the ride along are to:

- Remain in or return to the police vehicle in dangerous or sensitive situations;
- Not enter and/or remain in a major crime scene;
- Limit your movements to places open to the public and places you have permission to enter;
- Comply with all directions given by a police officer; and
- Be an observer only.

The personal safety of the officer and the Department's responsibilities to the community will be considered at all times. Therefore, an officer may terminate your ride along at any time, without explanation or advance notice.

Full Legal Name (Print):				MIDDLE
	LAST		FIRST	MIDDLE
Date of Birth:		Sex: M/F	Driver License #:	State:
Address:				
Phone #:		Email	:	
Reason You Want To Ride	e Along: _			
Preferences on days/time o	of day/off	care.		
references off days/time (n day/0111			

- 4. I agree to follow directives of the Grand Ronde Tribal Police Officer I am riding with or that I may have contact with during my ride along. I also agree that I will not undertake any law enforcement activities during my ride along. The sole purpose of my ride along is as an educational and observational experience. I agree to keep confidential my observations when requested to do so by a member of the Grand Ronde Tribal Police Department and understand I may be called as a witness in a legal proceeding as a result of my ride along.
- 5. In consideration for the benefit I receive from the ride along I agree to the following:

Witnessed by Officer

- a. The Confederated Tribes of the Grand Ronde Community of Oregon ("Tribe") including but not limited to members of the Grand Ronde Tribal Police Department, shall not be responsible or liable for any loss, damage, liability or expense caused by, or arising out of the above described activity. I waive any claims that I may have against the Tribe and such persons, whether arising in whole or in part on account of the negligence of the Tribe and such persons.
- b. I will, and I do, save, hold, defend and indemnify the Tribe, including, but not limited to the Confederated Tribes of Grand Ronde, Chief of Police, his sureties, and all members of the Police Department, their sureties, harmless on account of any loss, damage, liability, claim, demand or expense arising on account of any act or omission of such person, or arising as a result of any loss or injury suffered by such person or me.
- 6. I will not carry any weapon on or about my person unless I am a duly sworn and appointed police officer in good standing within the State of Oregon. As a sworn police officer I will notify the officer with whom I am riding of said status and advise them of any weapon that I am carrying on or about my person.

READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. BY SIGNING YOU ARE CERTIFYING THE ACCURACY OF THE STATEMENTS CONTAINED AND AGREEING TO ASSUME RISK, WAIVE CLAIMS AND UNDERTAKE CERTAIN OBLIGATIONS.

I DO ALSO AUTHORIZE THE GRAND RONDE POLICE DEPT. TO CONDUCT A CRIMINAL HISTORY CHECK ON MYSELF OR MINOR CHILD.

DATE:	, 20	
		SIGNATURE
*:	****** PARENT OR LAWF	UL GUARDIAN OF MINOR******
I,	,	represent that I am the parent or lawful guardian of
release of claims, and I of consent for the above national indemnify the Tribe, its Ronde, Chief of Police, any loss, damage, liability	ove named minor. I have read an certify that its contents are true. amed minor to engage in the aboremployees and representatives, his sureties, and all members of	or, and I have the lawful authority to execute this agreement for d fully understand the above assumption of risk, waiver and I agree to each and every provision of the above and give my ve described activity. I agree to, and I do, save, hold, defend and including, but not limited to the Confederated Tribes of Grand the Police Department, their sureties, harmless on account of ising on account of act or omission of such person, or arising as the minor.