



COLFAX POLICE DEPARTMENT

400 North Mill Street • Colfax, WA 99111 • (509) 397-4616

ORIENTATION CHECK-OFF SHEET

INITIALS

Officer Rider

Form to be completed in the patrol vehicle at the time of the ride.

1. The rider has received instructions in the use of the Patrol radio.

2. The riders know how to open the trunk.

3. The rider knows the location of the first aid kit.

4. The rider knows the location of the fire extinguisher and has been instructed in its use.

5. The rider has been instructed to remain within the patrol vehicle unless permission is otherwise granted by the officer.

6. The rider has been instructed to wear their seat belt at all times.

7. The rider has been informed if a video/audio camera operation is in use in the vehicle that conversations will not be private. Additionally, the rider shall not disclose any information observed that is provided by ACCESS (in-car computer system).

8. The rider has been instructed not to engage in any conversation with violators or prisoners other than general courtesies.

9. The rider has been informed that if the officer is responding to any known dangerous situation, the rider may be let out prior to arrival at the situation and WHITCOM will be advised so transportation arrangements can be made.

10. The rider has been informed that in any situation where an officer encounters violator resistance or becomes involved in an altercation, the rider's responsibility will be to solicit assistance via the radio or other means and take all necessary measures to protect himself/herself.

11. The rider has been informed that he/she may be a witness to any criminal offense of infraction.

12. The rider has been instructed, understands, and agrees that they are not to photograph, record video or audio of any witness, victim, suspect, violator, and/or investigative scene. This agreement may not apply in the case of members of the media who have been authorized to ride by the Chief.

13. The rider has been instructed to obey all commands given by the officer.

14. The "Release and Waiver of Civil Claims" form is signed by the rider. (other side of this form)

15. The officer has advised WHITCOM that a rider is in the vehicle and the expected length of the ride.

Officer

Printed Name	Signature	Date

Rider

Printed Name	Signature	Date

Expected Hours of Ride _____

Please complete the other side of this form.



**Colfax Police
Department**

Case Number: _____

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APPLICATION FOR CITIZEN RIDE PROGRAM

NAME: _____ BIRTHDATE: _____
 Last Name First Name Middle Name Month Day Year

Driver's License Number: _____

Address: _____
 Number & Street City State & Zip

Telephone Number: _____

DAY OF THE WEEK REQUESTED: MONDAY TUESDAY WEDNESDAY THURSDAY

TIME OF REQUESTED RIDE: (circle times requested) ; Day 0700 – 1700 (7AM-5PM) Swing 1500 – 0200 (5PM-2PM)

If specific date, time and/or officer, please note here: _____

(NOTE: Although an attempt to accommodate special dates, times or officers will be made, there is no guarantee such requests will be fulfilled. Citizen riders will be scheduled as space, workload and other circumstances permit.)

WAIVER

I, being of lawful age and a citizen of the United States, for and in consideration of being permitted to ride in a City of Colfax police car, do hereby waive any claims which I may now or hereafter have against the driver thereof, or the City of Colfax and its employees, for personal injuries, loss of service, medical expenses, or any other loss of whatever nature that might arise in connection with my riding in such vehicle. I further acknowledge that I am to be a guest in such a vehicle, that such carriage is gratuitous and that I am providing no consideration whatsoever therefore.

Dated this _____ day of _____, 201_____.

Applicant Signature: _____ Applicant Printed Name: _____

Witness Signature: _____ ID checked: [] _____

The signature of a parent or guardian is required for those rider applicants under the age of eighteen (18) years.

Parent or Guardian Name: _____ Birthdate: ____/____/____

Parent or Guardian Address: _____

Signature of Parent or Guardian: _____ Home Phone: (____) _____

For Official Use Only

NCIC: clear? **Y or N** WACIC: clear? **Y or N** DOL: clear? **Y or N** SPILLMAN: Name file printed NCIC III: clear? **Y or N**

Supervisor Approval: **Y or N** _____ (initials) Reason for denial: _____