



**SACRAMENTO FIRE DEPARTMENT
RIDE-ALONG PROGRAM APPLICATION**

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

Last Name: _____ First Name: _____ Middle Int: _____

Street Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Alt. Phone: _____

Personal Email: _____ Date of Birth: _____ Gender: _____

Social Security #: _____ Drivers License Number: _____

Occupation: _____ Employer/School: _____

Purpose of Ride-Along: _____

Dept. Referral: _____

Do you have any physical limitations? No Yes:

Describe: _____

Have you participated in any other Ride-Along program? No Yes:

Agency/Date: _____

Preferred Date(s) and Time(s): _____

Preferred Station(s) or Personnel: _____

BACKGROUND AUTHORIZATION

I understand that a criminal check and a warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the State of California to release to the Sacramento Fire Department any and all information which said agencies or any of them have about me, for the limited purpose of aiding the Sacramento Fire Department in evaluating my eligibility for participation in the Ride-Along Program. This release extends to any and all information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies and I further understand that these reports are privileged. I hereby release, discharge, and agree to hold harmless the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

I have read the Background Authorization statement and agree to it in its entirety.

SIGNATURE: _____ DATE: _____



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INDEMNITY AND HOLD HARMLESS AGREEMENT

Whereas the undersigned,

- an employee or agent of the City of Sacramento,
- not a member, employee or agent of the City of Sacramento,

has made a voluntary request for permission to ride as a guest or observer in a Fire Department vehicle at a time when such vehicle is operated and staffed by members of the Sacramento Fire Department and has further requested permission to accompany a member(s) of said department during the active performance of their official duties.

Now, therefore, in consideration of the City of Sacramento, a municipal corporation, by and through its Fire Department, cooperating in making available to the undersigned the necessary personnel and the use of its vehicles and other facilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly **HEREBY DOES ASSUME ALL RISKS** arising in the course of said activity, including personal injury, property damage or death, on behalf of myself, my heirs, executors, administrators, and assigns, and does hereby voluntarily release, discharge, waive and relinquish any and all claims and causes of action from personal injury, property damage or wrongful death against the City of Sacramento, its officers, employees and agents which may occur during my participation in the ride-along. I understand that any aspect of firefighting can be a dangerous activity, and I agree to participate with knowledge of potential damages.

The undersigned specifically agrees to defend, indemnify and hold harmless the City, its officers, agents and employees from and against any and all claims, loss, damage and liability for injury to the undersigned person or property including any such claim, loss, damage and liability for injury to the undersigned person or property, including any such claim, loss, damage and liability caused by the negligence of the City, its agents, officers, and employees, or acts of others. The undersigned also specifically agrees to indemnify and hold harmless the City, its officers, agents and employees from and against any and all claims, loss, damage and liability for injury to the person or property of another or others, directly or indirectly caused by the undersigned's misfeasance or malfeasance occurring while riding as a guest or observer in any Sacramento Fire Department vehicle or while accompanying a member of said department during the active performance of his or her official duties.

I have read and voluntarily sign this "release and waiver of Liability and Indemnity Agreement" and acknowledge the significance of it. I agree that no oral representations, statements, or inducements have been made to me which are not set forth in this agreement.

SIGNATURE: _____ DATE: _____

FOR DEPARTMENTAL USE ONLY

Background Check: Cleared Investigator: _____ Date _____

Request: Denied Approved By: _____ Date _____

Date/Time Observer To Ride: _____ **Assigned To:** _____

Date Observer Contacted/Confirmed: _____ **Date Officer Contacted/Confirmed:** _____