

# WOODRIDGE POLICE DEPARTMENT

## RIDE-ALONG REQUEST INFORMATIONAL QUESTIONNAIRE

Last Name	First Name	MI	Date of Birth mm/dd/yyyy
Home Address	City	State	Home Phone No.
Driver's License No. & State		<b>You must be 18 years or older to participate on a Ride-a-long</b>	
Emergency Contact Information:			
Why would you like to ride with a police officer on patrol?			
Have you ridden with an officer before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, how many times? _____			
What Police Department (s): _____			
Check the day(s) you would prefer to ride:		Check time of day you would prefer to ride:	
Sun.   Mon.   Tues.   Wed.   Thurs.   Fri.   Sat.		Morning   Afternoon   Evening	
<p>“I understand that providing false information on this form will result in the denial of permission to ride with a police officer.”</p> <p>Signature _____ Date _____</p>			

# Village of Woodridge, Illinois

## COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

For:

Date of Birth:

WHEREAS, the undersigned, being of legal age, has voluntarily requested to ride as a passenger in the Police Department vehicles of the Village of Woodridge DuPage and Will Counties, Illinois, and accompany police officers of the Village while engaged in the performance of their duties, to study and observe for his/her own benefit the functions and operations of the Woodridge Police Department and its personnel; and

WHEREAS, the undersigned desires to participate in such activity at his own risk; and

WHEREAS, the village of Woodridge, its officers, agents, and employees (including, but not limited to, all employees and officers of the Woodridge Police Department) do not wish to be liable for any damages arising from personal injuries and/or property damage sustained;

NOW THEREFORE, in consideration of the premises and other good and valuable consideration, the undersigned does hereby, for himself/herself, his/her spouse, heirs, executor or administrator, and personal representatives:

- a) Assume full responsibility for any personal injury or damage to his/her person or property which may occur, directly or indirectly, while in, on, or about any Police Department premises, or while accompanying any police officers of the Village of Woodridge, while in the performance of their duties;
- b) Covenant not to sue the Village of Woodridge, its officers, agents and employees (including, but not limited to, all employees and officers of the Woodridge Police Department) on any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the undersigned being in, on, or about a Police Department vehicle, the Police Department premises, or while accompanying any police officers of the Village of Woodridge;
- c) Indemnify and hold harmless the Village of Woodridge, its officers, agents, and employees (including, but not limited to, all employees and officers of the Woodridge Police Department) for any acts or conduct of the undersigned of whatever kind or nature, while in, on, or about any Police Department vehicle, the Police Department premises, or while accompanying any police officer;
- d) Agree to defend and to pay any costs or attorney's fees resulting from any action brought by or against the Village of Woodridge, its officers, agents, and employees (including, but not limited to, all employees and officers of the Woodridge Police Department), for any acts or conduct of the undersigned of whatever kind or nature, while in, on, or about any Police Department vehicle, the Police Department premises, or while accompanying any police officer;

- e) Agree that it is the intent of the undersigned that this Covenant Not to Sue and Indemnity Agreement be in full force and effect at any time after the execution hereof.

\_\_\_\_\_  
 Name Occupation

\_\_\_\_\_  
 Street/City/State Telephone Number

DATED at Woodridge, DuPage and Will Counties, Illinois, this \_\_\_\_ day of \_\_\_\_\_,  
 20\_\_, at \_\_\_\_\_ o'clock \_\_\_\_ .M.

WITNESS:

\_\_\_\_\_  
 Name Title

Permission is hereby granted to the person whose signature is affixed above to be a passenger in a Police Department vehicle:

From: \_\_\_\_\_

To: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Name/Title Date

Woodridge Police Department

# CITIZEN RIDE-ALONG EVALUATION FORM

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ AGE: **Must be 18 years of age or older**

DATE OF RIDE-ALONG \_\_\_\_\_

1. As a result of the "Ride-along", are your attitudes toward the Police
  - a) More favorable
  - b) Unchanged
  - c) Less favorable
  
2. Have your perceptions of a police officer's duties changed because of this experience?
  - a) yes
  - b) no

If yes, how \_\_\_\_\_

\_\_\_\_\_
  
3. Would you recommend a "Ride-along" to another person?
  - a) yes
  - b) no

Comments regarding the "Ride-along" \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_