

Name (Print Last, First, Middle Initial)			Street Address			
City, State			Zip Code		Telephone Number	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Place Of Birth	Date Of Birth	Height	Weight	Hair Color	Eye Color
Name Of Employer / School			Occupation			
Address					Telephone Number	
Have you participated in the Ride-Along Program in the past? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, where and when?						
When are you available for the ride-along? <input type="checkbox"/> Day (0800-1700) <input type="checkbox"/> Evening (1700-2100) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday						
Do you have a history of: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Condition <input type="checkbox"/> Nervous or Mental Condition <input type="checkbox"/> Other:						
Have you ever been arrested for a Felony or Misdemeanor? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, Provide Date of Arrest:						
Arresting Agency/Jurisdiction						
Offense(s) / Charge(s)					Are you on Probation or Parole? <input type="checkbox"/> NO <input type="checkbox"/> YES _____	

WAIVER AND RELEASE OF CLAIMS - READ AND UNDERSTAND COMPLETELY BEFORE SIGNING

WHEREAS: The Parole Agent Ride-Along is a State of California, Department of Corrections and Rehabilitation operated service in which persons who are not State parole agents may, as observers, accompany State Parole Agents during the course of the agent's field duties and while so engaged be transported in vehicles owned by the State of California. Fees are not charged for this program. The participant has no peace officer authority and is not considered an employee of the State of California while on Ride-Along. Under no circumstances will Ride-Along participants carry firearms or any other weapons.

WHEREAS: The undersigned has made a voluntary request for permission to participate in the Parole Agent Ride-Along Program, as described above.

WHEREAS: The undersigned understands the duties of the Parole Agent, the nature of the parolee population, and that in an emergency situation the Parole Agent may not be able to protect the undersigned.

WHEREAS: The undersigned acknowledges that the duties and activities of a State Parole Agent are inherently dangerous and involve possible immediate or consequential risk of injury, damage, expense, or loss of person or property.

WHEREAS: The undersigned acknowledges he/she shall dress in semi-professional attire. Clothing depicting gang colors or insignia is not acceptable.

THEREFORE: The undersigned, in consideration of being permitted to participate in the Parole Agent Ride-Along, agrees that the agencies, departments, public officers, and employees of the State of California shall not be liable or responsible under any circumstances whatsoever, including active negligence to the undersigned or heirs, successors, or assignees for direct, indirect, or consequential injury while, or as a result of participating in the Parole Agent Ride-Along.

I have read and thoroughly understand the contents and purpose of this document. I certify, under penalty of perjury, the information I have provided is true and correct to the best of my knowledge.

Applicant's Name (Print)	Applicant's Signature	Date	Time HOURS
Witnessing Parole Agent Name (Print)	Badge #	Signature	Date Time HOURS

EMERGENCY CONTACT INFORMATION

Person To Be Notified		Relationship		Telephone Number	
Street Address		City		State	Zip Code
Physician's Name		Telephone Number	Insurance Company Name		Policy Number
Hospital / Medical Facility Name			Additional Information		

***FOR NEWS MEDIA APPLICATIONS ONLY* - Forward to the Office of Public and Employee Communications prior to processing**

Assistant Secretary or Designee Name	Assistant Secretary or Designee Signature	Date Signed
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FOR DIVISION OF ADULT PAROLE OPERATIONS USE ONLY

District Administrator or Designee Name	Badge #	District Administrator or Designee Signature	Date	Approved <input type="checkbox"/> YES <input type="checkbox"/> NO
Regional Parole Administrator or Designee Name	Badge #	Regional Parole Administrator or Designee Signature	Date	Approved <input type="checkbox"/> YES <input type="checkbox"/> NO
Ride-Along Date	Time From: To: am/pm am/pm	Host Parole Agent (Print Name)	Name Of Host Parole Unit	

****NOTE:** Hours of ride-along for **non-peace officers** (students, CDCR staff, etc.) shall be limited to regular business hours, Monday through Friday, 8:00 am to 5:00 pm. For media and/or law enforcement participants, ride-along may be scheduled outside of regular business hours, as appropriate. State employees shall not receive approval for overtime pay when participating in the Ride-Along Program.