



Klamath Falls Police Department

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Klamath Falls Police Department Ride-Along Program Application Packet

Instructions

- Read this packet completely before applying.
- Keep the **Introductory Letter** and **Rules** section for your reference.
- Complete the **Application & Waiver Form**. Do not sign until you are at the Police Department with a supervisor.
- You will be notified if your request is approved.
- Bring photo ID on your ride-along day.
- Parents/guardians of minors (ages 16–18) must accompany the minor to sign the waiver in person.



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Introductory Letter

Thank you for your interest in the Klamath Falls Police Department Ride-Along Program. Because of the nature of police work, ride-alongs are limited. Sworn and non-sworn members of other police agencies may participate with approval. On a very limited basis, members of City government, media, students completing approved assignments, and other individuals with a legitimate interest in police work may also be approved. Persons invited or sponsored by a KFPD officer may participate up to 12 hours within any 6-month period. Reserve Officers, Police Explorers, and Volunteers in Police Service may participate as outlined by Department policy.

To apply, submit your application at least 10 working days before your requested date. Please write clearly and explain your reason for requesting a ride-along in detail. Applications that are illegible or incomplete may be denied. If you are approved, the Department will contact you to schedule your ride-along. On the day of your ride-along, you must dress in business casual attire that is neat and professional. Civilian riders may not bring weapons of any kind, even if they are legally permitted to carry. The on-duty supervisor has the discretion to cancel your participation if your attire or conduct is inappropriate.

We appreciate your interest and look forward to providing you with a safe and educational experience.

Sincerely,

Robert Dentinger
Chief of Police



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Rules

- **No alcohol or drugs.** Do not consume alcohol within 8 hours before your ride-along. You may not participate if under the influence of alcohol, drugs, or impairing medications.
- **No weapons.** This includes firearms, knives, tasers, pepper spray, and batons. (Exception: sworn law enforcement officers).
- **Attire:** Wear professional but comfortable business casual clothing that allows for sitting, walking, and weather conditions.
 - Allowed: collared shirt, conservative trousers/pantsuit, closed-toe shoes with flat or low heels.
 - Not allowed: shorts, tank tops, dresses, high heels.
- **Meals:** Bring snacks if needed. Breaks are not guaranteed.
- **No recording devices.** No audio, video, or photography unless authorized.
- **Confidentiality:** Anything you see or hear must remain confidential, except when subpoenaed in court.
- **Risks:** Police work is dangerous. By participating, you accept the risk of injury or death.
- **Obey officer directions.** The officer may end the ride-along at any time.
- **Background check required.** False information will disqualify you.

If you have any questions or would like further explanations on any of the above rules, please contact the Klamath Falls Police Department. It is essential that you understand the rules and expectations of what a ride-along entails.

PLEASE KEEP THIS PAGE



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Ride-Along Application

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Occupation: _____

Work Phone: _____

Business: _____

Sex: _____ **Age:** _____ **DOB:** _____

Driver's License #: _____ **State:** _____

SSN (optional): _____

Have you participated in the Ride-Along program in the last 6 months? Yes ☐ No ☐

If yes, how many times? _____ Hours: _____

Reason for requesting a ride-along (explain in detail):

Requested Dates (must be 10 working days after submission):

1. Date: _____ Time: _____

2. Date: _____ Time: _____

3. Date: _____ Time: _____

I certify that I have read and will follow the rules. I authorize a records/background check. I understand approval is at the discretion of the Police Department. I agree to sign the Release and Hold Harmless Agreement.

Applicant Signature: _____ **Date:** _____

Police Employee Witness: _____ **Date:** _____



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Ride-Along Waiver & Release

In consideration of being allowed to ride with the Klamath Falls Police Department, I agree to release and hold harmless the City of Klamath Falls, its employees, and officials from any liability for injury, death, or property damage during my ride-along. I will not sue the City for any occurrence related to my participation.

I understand:

- I may be exposed to dangerous situations, including traffic accidents and criminal activity.
- I may be called as a witness in legal proceedings.
- I must obey all officer instructions.
- My participation may be ended at any time.
- I must keep all information confidential unless subpoenaed in court.

I freely and voluntarily sign this waiver.

Applicant Signature: _____

Date: _____

Police Supervisor Witness: _____

Date: _____



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Emergency Medical Information

(This page will be shredded after your ride-along)

Date: _____

Name: _____ **Age:** _____

Address: _____

Cell Phone: _____ **Home Phone:** _____

Allergies/Medication Reactions? Yes ☐ No ☐

If yes, describe: _____

Currently taking medications? Yes ☐ No ☐

If yes, list: _____

Other medical considerations (e.g., epilepsy, diabetes, asthma):

Emergency Contact Name: _____

Relationship: _____

Phone: _____

Address: _____

Medical Insurance? Yes ☐ No ☐

Insurance Company: _____

Policy/Group #: _____

Insured's Name: _____

Additional information: _____
