



# Mt. Angel Police Department

P.O. Box 960, Mt. Angel, OR 97362  
Ph. 503.873.3020 ♦ Fax 503.845.4000

## CITIZEN OBSERVER/RIDE ALONG PROGRAM APPLICATION

Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MAIDEN)

Address: \_\_\_\_\_  
(STREET/MAILING) (CITY/STATE) (ZIP CODE)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB \_\_\_\_\_ DL# \_\_\_\_\_ DL State \_\_\_\_\_

I hereby request permission to ride along as a civilian observer in a Mt. Angel Police Department Patrol Vehicle because:

\_\_\_\_\_  
\_\_\_\_\_

I further agree with and voluntarily sign the Hold Harmless Agreement.

All requested dates listed below are at least ten (10) days after submitting this application.

1<sup>st</sup> Choice: Date: \_\_\_\_\_ Time: \_\_\_\_\_

2<sup>nd</sup> Choice: Date: \_\_\_\_\_ Time: \_\_\_\_\_

3<sup>rd</sup> Choice: Date: \_\_\_\_\_ Time: \_\_\_\_\_

I authorize the Police Department to conduct a complete records check of me prior to riding and understand that any information of an adverse or criminal nature may disqualify me.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT) (DATE)

### *For Office Use Only*

Date/Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Checks: CCH  Wants  DL

Approved  Denied  Notified By: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned Date/Time/Officer: \_\_\_\_\_

Host Officer Name/Comments: \_\_\_\_\_