

**NORTHEASTERN REGIONAL POLICE DEPARTMENT
5570 BOARD ROAD
MT. WOLF, PA 17347-9524**

CITIZEN OBSERVER PROGRAM

Dear Citizen Observer Participant:

Pursuant to the policy and guidelines governing our Citizen Observer Participant Program, you are requested to complete the application section of this form so that your request may be processed. You will be advised if your request meets with our requirements for your participation in the Citizen Observer Program.

If you are under 18 years of age the Personnel accepting your application will furnish you with a Juvenile Waiver, which must be signed by your parent or guardian and returned at the time, you are scheduled to ride. If you fail to have the waiver signed your authorization will be revoked.

APPLICATION TO PARTICIPATE IN THE CITIZEN OBSERVER PROGRAM	
FULL NAME	DATE OF BIRTH
HOME ADDRESS	HOME PHONE
COMMUNITY OR CIVIC ORGANIZATION REPRESENTED	
IF STUDENT, NAME AND LOCATION OF SCHOOL	
DATE YOU REQUEST TO RIDE	HOURS YOU REQUEST TO RIDE
REASON YOU REQUEST TO RIDE	
YOUR SIGNATURE	DATE

FOR POLICE USE ONLY APPLICATION REVIEWED AND VERIFIED BY:
AUTHORIZATION TO PARTICIPATE IN RIDE-ALONG PROGRAM
TO: Police personnel, the above-named applicant have been authorized to ride in a police vehicle as indicated below:
Date/Time of Ride: _____ Chief of Police

VERIFICATION OF PARTICIPATION

TO: CHIEF OF POLICE, the above-named participant rode in a vehicle assigned to me on the above-designated date and time.

The participant was assigned to unit _____ manned by Officer(s) _____

Comments: _____

Submitting Officer: _____

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CITIZEN OBSERVER PROGRAM – JUVENILE WAIVER

WHEREAS, I, _____ (name of parent or guardian) have requested of the Northeastern Regional Police Department, for the

Benefit of _____, (name of child or ward) my (son, daughter, or ward), permission to participate in the Citizen Observer Program by riding in a police cruiser and by otherwise observing and accompanying police officers during a tour of duty; and

WHEREAS, the said Northeastern Regional Police Department has indicated that it is willing to grant my request, providing that I, the said parent or guardian of

_____, (name of child or ward) execute in writing his instrument, releasing Northeastern Regional Police Department and the Northeastern Regional Police Advisory Board, and its or their officers, agents or employees from and against any and all suits or claims for loss, damage, expenses, personal injury or death which might be suffered or sustained by the said

_____, (name of child or ward) directly or indirectly as a result of a participation in the Citizen Observer Program.

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS:

That I, the said parent or guardian of _____, (name of child or ward) for and in consideration of the permission granted by the said Northeastern Regional Police Department to the said

_____, (name of child or ward) to observe police during a tour of duty and to ride in a police motor vehicle and otherwise accompany police officers for said purpose, do hereby assume any and all risks and liability for damages, losses, personal injuries or death which I or my said (son, daughter or ward) might suffer or sustain, for said purpose, while in a motor vehicle, in any building, or on any property or premises owned or operated by the Northeastern Regional Police Department of the Northeastern Regional Police Advisory Board or while otherwise participating in the Citizen Observer Program. I do hereby, for myself, my said (son, daughter or ward), or our heirs, executors or administrators, or other persons claiming under or through us, have or can or might have as a result of any losses, damages, expenses, personal injuries or death which my (son, daughter or ward), or whosoever claiming under or through (him or her), may suffer or sustain while exercising said permission, whether such losses, damages, or personal injuries or death result from the negligence of said Northeastern Regional Police Department and/or the Northeastern Regional Police Advisory Board, its or their officers, agents or employees or are otherwise caused.

IN WITNESS WHEREOF, I, the said parent or guardian, have hereunto set my hand and seal this

_____ day of _____ 19_____.

Signature of Parent or Guardian: _____

Address of Parent or Guardian: _____

Daytime phone number: _____

**TO BE COMPLETED BY THE PARENT OR GUARDIAN OF
PERSONS UNDER 18 YEARS OF AGE**