

OXNARD POLICE DEPARTMENT SIT-ALONG APPLICATION

Persons wishing to complete a site-along with an Oxnard Police Dispatcher must complete this application at least seven (7) days in advance of the day they wish to sit. Each request will be reviewed by the Communications Manager or Dispatch Supervisor. You will be advised by e-mail of your application approval or denial. Applicants for sit-along must be at least 16 years of age. Juveniles require signed permission of their legal guardian. Sit-alongs are limited to one per year with the exception of Dispatch Applicants and each sit-along is usually limited to two (2) hours in duration. This application expires three months after date of approval.

Full Name of Applicant			Date of Birth:
Last	First	Middle	
Driver's License Number & State:		Social Security Number:	
Home Address:		Telephone Number:	Sex
Purpose of Sit-Along?		Have you ever been convicted or pled guilty to any crime? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Your Email Address – REQUIRED: (Used for notification/scheduling purposes only)			

Sit-Along Regulations	Initial Below
<i>Please review the "Observer Rules of Conduct" and initial in each of the boxes to the left.</i>	
1. Sit-along applicants understand that Oxnard Police will conduct an automated check of their DMV (motor vehicle) status and Criminal Offender Records Information ("RAP Sheet") for data related to prior arrests and convictions.	
2. Appropriate "business casual attire" is required. T-shirts, tank tops, denim pants, tennis shoes, shorts and hats are not acceptable. The watch commander may refuse a ride along to persons not properly attired.	
3. Sit-alongs must wear the "Citizen-ObsERVER I.D. Card" visibly at all times.	
4. The observer shall not become involved in any Communications Center operations. The observer will not be allowed to answer the phone, talk on the radio or utilize any computer systems.	
5. Observers must follow the instructions of the Public Safety Dispatcher at all times. Any failure to follow instructions will result in a termination of the sit-along.	
6. During your sit-along, you may be exposed to information on persons contacted by, or under investigation of, the police. You are prohibited by law from divulging any information to anyone.	

DO NOT WRITE BELOW THIS LINE

Date Completed	Oxnard Police Department Staff Action	Staff Initials
	Application received by Records <input type="checkbox"/> via mail <input type="checkbox"/> at counter <input type="checkbox"/> via fax	
	Records Check (attach printouts) <input type="checkbox"/> CORI <input type="checkbox"/> DMV <input type="checkbox"/> NCIC <input type="checkbox"/> VCIJIS <input type="checkbox"/> IN-HOUSE <input type="checkbox"/> PREVIOUS SIT-ALONG DATE:	
	Application submitted with attachments to Communications Manager for review	
	Application review by Communications Mgr: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED Reason:	
	Applicant emailed/telephoned by Dispatch Supervisor with application results.	
	Sit Along Scheduled Date & Time:	
	Does Dispatcher recommend future sit-alongs for this applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason:	
	Application submitted to records after completion of sit-along.	
	In-house name entry. Application kept on file for two (2) years.	

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE WAIVER AND RELEASE OF CLAIMS

I, _____ (print name), not being a member, employee, or agent of the Oxnard Police Department (“OPD”), have made a voluntary request for permission to sit as a guest or observer in the Communications Center.

I (plus parent or legal guardian where applicant is a juvenile under the age of 18), hereby agree that the City of Oxnard, the OPD, any member of the OPD, the driver or owner of any automobile owned or operated by, or in the service of the City of Oxnard, their sureties, and each of them individually and/or collectively, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his/her parents and/or legal guardian, estate, or heirs, for any injury, damage, expense, or loss to any person or property of the undersigned incurred while riding as a guest or observer in any OPD vehicle and/or while accompanying an OPD member during the active performance of his or her official duties.



I hereby declare under penalty of perjury that I have read and understand the foregoing waiver and release of claims statement and fully agree to each and every term and condition contained herein.

**PLEASE SIGN IN PRESENCE OF
COMMUNICATIONS MANAGER OR ON-DUTY DISPATCH SUPERVISOR**

Date Signed	Location Signed
Signature of Applicant	Printed Name
Signature of Guardian	Guardian Printed Name
Witness Signature	Date Signed
Assigned Dispatcher	Position Assigned
Mgr/Supv	Miscellaneous Notes

Please mail, drop off or fax (do not email) this application as soon as possible to:

Oxnard Police Records • 251 South “C” Street • Oxnard, CA 93030 • Fax 805.385.7727

If you wish to drop-off this application, please call 805.385.7650 for Records Division hours of operation.