



Career Interest Program Application

Colorado State Patrol

Name (Last, First, MI)		Date of Birth
Street Address		Home or Cell Phone
City, State, Zip Code	Driver's License/ ID #	Work Phone
Why are you requesting to attend a workday with a Colorado State Patrol member?		
Section Interested In: Trooper Ride-Along Communication Center Port of Entry Executive Security CSP Civilian/Other:		Administrative Only: Media Member Current LE Officer Court Personnel D.A.'s Office Personnel Legislative Personnel Potential Applicant
City/County Interested In:		
Who should we contact in case of an emergency? (Name and phone number)		

Applicant must initial and sign before request can be processed.

Applicant Initials

I hereby release the State of Colorado, CDPS, the Colorado State Patrol, and its employees, agents, and officials, in their individual and official capacities, from any and all claims, causes of action, liabilities, expenses, or damages incurred while participating in the Career Interest Program with a Colorado State Patrol member or which in any way relates to this Agreement. I understand that I will be responsible for any personal medical costs which may be incurred as a result of any injury sustained during the workday, including any injury resulting from negligence of a State Patrol member or from operation of a State Patrol vehicle in an emergency or in connection with a pursuit and/or apprehension of any suspect.

I agree to prevent any undue embarrassment to any person as a result of being contacted by the State Patrol. This will involve non-disclosure of the identity of a contacted person unless disclosure is approved by the contacted person or State Patrol member conducting the program.

I agree to abide by the instructions of the State Patrol member conducting the program. Failure to comply with the State Patrol member's instructions will result in termination of the program.

I acknowledge that the program may be terminated at any time for any reason by the State Patrol member or a State Patrol supervisor.

Trooper Ride-Along Only

Law enforcement is an inherently dangerous profession. Due to the possible dangers, anyone choosing to participate in the Career Interest Program with a Trooper must understand and assume the risks involved. A rider, during the course of the ride-along, may be subject to risk of bodily injury, serious bodily injury, or death, and assumes this risk by voluntarily participating in this program.

Applicant's Signature

Parent/Guardian's Signature (if observer is a minor)

Date

FOR PATROL USE ONLY

APPLICANT CRIMINAL HISTORY/BACKGROUND

General	Wants/Warrants	Criminal History
Driver's License (If applicable)	NCIC	QH NCIC
Driver's History (If applicable)	CCIC	QH CCIC
Other:	Other:	Other:

Attach Supporting Documentation to this Request Form

State Patrol Member Conducting Background Check (Print Name)

Date

Participation in this program for the purpose of enlisting support for Colorado State Patrol or to increase public interest in traffic safety issues is hereby **approved**. Approval is contingent upon the signing of this agreement by the applicant prior to participating in the Career Interest Program.

Participation in this program is hereby **disapproved**.

Troop Commander (or equivalent) Signature

Date

Date of Event:	Start Time of Event:	Duration of Event:
Assigned to:		District/Troop or Section:

State Patrol Member's Comments (Completed after conducting program):

Signature of Member conducting the program

Date