STANISLAUS COUNTY SHERIFF'S DEPARTMENT
RIDE ALONG PROGRAM APPLICATION

Adam Christianson
Sheriff-Coroner

PRINT NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	DATE
STREET ADDRESS	CITY STATE ZIP CODE	RESIDENCE PHONE

DRIVER'S LICENSE NUMBER	SEX	RACE	AGE	DATE OF BIRTH	HT	WT	HAIR	EYES

OCCUPATION	NAME OF EMPLOYER/SCHOOL	BUSINESS PHONE

HAVE YOU EVER BEEN CONVICTED, SERVED A JAIL SENTENCE OR BEEN PLACED ON PROBATION AFTER COMMITTING A FELONY OR MISDEMEANOR? NO YES (LIST DATE, CHARGE, AND DISPOSITION. ATTACH ADDITIONAL SHEETS IF NECESSARY.)

DO YOU HAVE ANY PAST ARRESTS OR PENDING COURT CASES? NO YES (LIST DATE, AGENCY, CHARGE, AND DISPOSITION. ATTACH ADDITIONAL SHEETS IF NECESSARY.)

WHY DO YOU WANT TO PARTICIPATE ON A RIDE ALONG? WHO RECOMMENDED THAT YOU PARTICIPATE? (EXAMPLE: POLICE OFFICER, SCHOOL INSTRUCTOR, SELF, ETC.)

DO YOU HAVE ANY PHYSICAL LIMITATIONS? NO YES HIGH BLOOD PRESSURE HEART CONDITION NERVOUS OR MENTAL CONDITION OTHER (LIST)

LIST PREVIOUS PARTICIPATION IN ANY RIDE ALONG PROGRAM. INCLUDE THE AGENCY AND DATE PARTICIPATED.

REQUESTED DAY / SHIFT OF PARTICIPATION. CHECK AS MANY AS PRACTICAL.

SHIFT	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
GRAVEYARD							
DAY							

BACKGROUND AUTHORIZATION

I understand that a criminal check and a warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the State of California to release to the Stanislaus County Sheriff's Department any and all information which said agencies or any of them have about me, for the limited purpose of aiding the Stanislaus County Sheriff's Department in evaluating my eligibility for participation in the Ride Along Program. This release extends to any and all information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies and I further understand that these reports are privileged. I hereby release, discharge, and agree to hold harmless the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

_____
SIGNATURE OF APPLICANT

INDEMNITY AND HOLD HARMLESS AGREEMENT

Whereas the undersigned not being a member, employee or agent of the Stanislaus County Sheriff's Department or the County of Stanislaus, has made a voluntary request for permission to ride as a guest or observer in a law enforcement vehicle at a time when such vehicle is operated and staffed by members of the Stanislaus County Sheriff's Department and has further requested permission to accompany a member or members of said law enforcement department during the active performance of their official duties as Deputy Sheriff's.

Now, therefore, in consideration of the County of Stanislaus, by and through its Sheriff's Department, cooperating in making available to the undersigned the necessary personnel and the use of its vehicles and other facilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly HEREBY DOES ASSUME ALL RISKS arising in the course of said activity, including personal injury, property damage or death, on behalf of myself, my heirs, executors, administrators, and assigns, and does hereby voluntarily release, discharge, waive and relinquish any and all claims and causes of action from personal injury, property damage or wrongful death against the County of Stanislaus, its officer, employees and agents, which may occur during my participation in the ride-along. I understand that any aspect of police work can be a dangerous activity, and I agree to participate with knowledge of the damages.

The undersigned specifically agrees to defend, indemnify and hold harmless the County, its officers, agents and employees, from and against any and all claims, loss, damage and liability for injury to the undersigned person or property, including any such claim, loss, damage and liability caused by the negligence of the County, its agents, officers, and employees, or acts of others. The undersigned also specifically agrees to indemnify and hold harmless the County, its officers, agents and employees from and against any and all claims, loss, damage and liability for injury to the person or property of another or others, directly or indirectly caused by the undersigned's misfeasance or malfeasance occurring while riding as a guest or observer in any Stanislaus County Sheriff's Department vehicle or while accompanying a member of said department during the active performance of his or her official duties as a peace officer.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING

_____	_____	_____	_____
SIGNATURE OF APPLICANT	DATE	SIGNATURE OF APPLICANT	DATE

BE SURE YOU SIGN BOTH SECTIONS OF FORM

FOR SHERIFF'S DEPARTMENT USE ONLY

APPROVED	WATCH COMMANDER	DATE	DL OK
DISAPPROVED			CITY CLEAR
APPROVED	OPERATIONS CAPTAIN	DATE	COUNTY CLEAR
DISAPPROVED			WARRANT CLEAR
APPROVED		DATE	CRIMINAL HISTORY CLEAR
DISAPPROVED			PAST RIDES? YES NO
APPROVED		DATE	IF YES, PROVIDE DATE(S):
DISAPPROVED			
PROCESSED BY: _____ (Employee Name and ID #)			DATE PROCESSED: _____
COMMENTS:			

FOR DEPARTMENT USE ONLY

DATE/TIME TO RIDE: _____

SUPERVISOR: _____

DEPUTY(IES): _____

CITIZEN CONTACTED BY: _____ DATE: _____

RIDER CONDUCT NOTICES

Rider Advised of:

Arrive 15 minutes prior to shift
Wear casual/comfortable clothing
No weapons
No recording devices (i.e.: cameras, tape recorder) Cell phones are to remain put away during your ride
Observations and information received during a tour is considered confidential

Return completed original form to Operations Administration Secretary after rider has gone on ride along.