



STANISLAUS COUNTY SHERIFF'S DEPARTMENT
RIDE ALONG PROGRAM APPLICATION

Jeff Dirkse
Sheriff-Coroner

LEGIBLY PRINT OR TYPE YOUR INFORMATION. INCOMPLETE OR ILLEGIBLE APPLICATIONS CANNOT BE PROCESSED AND WILL BE WITHDRAWN.

Form with fields for NAME, SOCIAL SECURITY NUMBER, DATE, PHYSICAL STREET ADDRESS, CITY, STATE, ZIP CODE, CONTACT PHONE NO., DRIVER'S LICENSE NO., SEX, RACE, AGE, DATE OF BIRTH, HEIGHT, WEIGHT, HAIR COLOR, EYE COLOR, OCCUPATION, NAME OF EMPLOYER AND/OR SCHOOL ATTENDED, BUSINESS CONTACT PHONE NO., EMAIL ADDRESS, BELOW, LIST EMERGENCY CONTACT PERSONS NAME, RELATIONSHIP, PHONE NUMBER, DO YOU HAVE ANY PAST CONVICTION(S) ARREST(S) OR PENDING COURT CASES?, WHY DO YOU WANT TO RIDE ALONG & WHO RECOMMENDED THAT YOU PARTICIPATE IN A RIDE ALONG?, DO YOU HAVE: Physical Limitations, DO YOU HAVE ADDITIONAL MEDICAL RELATED ISSUE/S YOU WOULD LIKE TO VOLUNTARILY DISCLOSE?, LIST PREVIOUS PARTICIPATION IN ANY RIDE ALONG PROGRAMS, REQUESTING TO RIDE WITH (check one), REQUESTED DAY(S) AND SHIFT(S) OF PARTICIPATION.

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.

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 officers, employees and agents, which may occur during my participation in the ride along.

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.

READ THIS DOCUMENT & THE RIDER CONDUCT NOTICE ON THE NEXT PAGE COMPLETELY BEFORE SIGNING

Form with fields for SIGNATURE OF APPLICANT, DATE, IF UNDER 18 PARENT/LEGAL GUARDIAN MUST SIGN, DATE

We do not accept faxed or emailed applications. Completed applications may be mailed or returned in person to: Stanislaus County Sheriff's Department 250 E. Hackett Road, Modesto, CA 95358 Applications expire after ride along is complete or within thirty (30) days of receipt of application, whichever comes first.

