

SIGNATURE OF APPLICANT

STANISLAUS COUNTY SHERIFF'S DEPARTMENT RIDE ALONG PROGRAM APPLICATION

Jeff Dirkse Sheriff-Coroner

DATE

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 INCOMPLETE OR ILLEGIBLE APPLICATIONS CANNOT BE PROCESSED AND WILL BE WITHDRAWN.

					WITH	DRAWN.							
NAME: (LAST, FIRST, MIDDLE INITIAL)							SOCIAL SECURITY NUMBER				DATE		
PHYSICAL STREET ADDRESS (Do Not Use a P.O. Box)								STATE ZI			CONTACT PHONE NO.		
DRIVER'S LICEN	ISE NO.	SEX	RACE	AGE	DATE OF	BIRTH	HEIGHT	Γ W	/EIGHT	HAIR CC	DLOR	EYE COLOR	
OCCUPATION			NAI	ME OF EN	MPLOYER A	ND/OR S	CHOOL A	ATTENDE	ED 1	BUSINESS	CONTAC	T PHONE NO.	
EMAIL ADDRESS	S:												
BELOW, LIST EN	MERGENCY CONTA	ACT PERSON	NS NAM	Œ:		RELA	TIONSHII	P:				PHONE NUMBER:	
	ANY PAST CONVIC list date(s), charge(s), a						5? □N	O 🔲 Y.	ES (Chec	k one)			
WHY DO YOU WANT TO RIDE ALONG & WHO RECOMMENDED THAT YOU PARTICIPATE IN A RIDE ALONG? (i.e., self, police officer, school instructor, parent, etc.)													
DO YOU HAVE: Physical Limitations No Yes High Blood Pressure Heart Condition Nervous or Mental Condition Other (If you answered yes or checked any of the above, please explain. Attach additional page(s) if necessary.)													
DO YOU HAVE ADDITIONAL MEDICAL RELATED ISSUE/S YOU WOULD LIKE TO VOLUNTARILY DISCLOSE? (i.e., use of inhaler, epipen, etc.) No Yes (If you voluntarily answered yes please explain all you are comfortable in sharing that may help better assist you. Attach additional page(s) if necessary.)													
LIST PREVIOUS PARTICIPATION IN ANY RIDE ALONG PROGRAMS. INCLUDE THE AGENCY AND THE DATE(S) PARTICIPATED.													
Requesting to ride	e with (check one):	□ De	eputy Sh	eriff (Patr	rol)	☐ Con	nmunity Se	ervice Off	icer (CSO)		Identification Unit (ID)	
		REQUESTEI	DAY(S)	AND SHII	FT(S) OF PART	CICIPATIO	N. CHECK	AS MAN	Y AS PRA	CTICAL			
SHIFT	SUNDAY	MONDA	AY	TUES	SDAY	WEDNES	DAY	THURS	DAY	FRIDA	Y	SATURDAY	
DAYS GRAVEYARDS													
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 I 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.													
			IND	DEMNITY	AND HOLI) HARM	LESS AG	REEME	NT				
or observer in a law enf	_	ne when such v	ehicle is o	perated and	staffed by mem	bers of the	Stanislaus (County She				for permission to ride as a guest uested permission to accompany	
and other facilities for t property damage or dea from personal injury, pr	he aforesaid purpose, th th, on behalf of myself,	e undersigned omy heirs, execugful death again	expressly tors, admi ast the Cou	agrees to an inistrators, a unty of Stan	d knowingly H and assigns, and islaus, its office	EREBY Do does hereb rs, employ	OES ASSUM y voluntarily ees and ager	ME ALL R y release, di	ISKS arisin ischarge, wa	g in the cours aive and relind	e of said ac quish any an	sonnel and the use of its vehicles tivity, including personal injury, and all claims and causes of action the ride along. I understand that	
the undersigned person also specifically agrees another or others, direc	or property, including a to indemnify and hold h	iny such claim, armless the Co by the undersig	loss, dam unty, its o gned's mis	age, and lia fficers, agen sfeasance on	bility caused by nts and employer malfeasance or	the negliges from an occurring w	gence of the d against an hile riding a	County, its ny and all cl as a guest o	agents, off aims, loss d	icers, and emparts amage and lia	ployees, or ability for in	amage, and liability for injury to acts of others. The undersigned jury to the person or property of Sheriff's Department vehicle or	

IF UNDER 18 PARENT/LEGAL GUARDIAN MUST SIGN

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

DATE

FOR SHERIFF'S DEPARTMENT USE ONLY

(RIDE ALONG APPLICATION BACK SHEET)

Date Processed:									
Processing Employees Name:				ID#:			·		
Driver's License Clear: City Clear: County Clear: Warrant/s Clear: Yes: Criminal History Clear: Past Rides Yes: Yes:	No: No: No: No: No:								
If yes, list Agency/ies Name/s & Date/s (MM/DD/YEAR):	1			2					
	3			4					
COMMENTS:									
Research/documents attached: Yes:	No:	If	no, state why	v:					
DI CI LO TO ADDROVED						DICAR	DDOVED		
Please Check One: APPROVED						DISAPI	<u>PROVED</u>		
Watch Commander Name:						ID#:			
Other Name & Title:						ID#:			
SCHEDULED PARTICIPATION DATE & TIME:									
ON DUTY SUPERVISOR(S) NAME(S):									
ASSIGNED DEPUTY(IES) NAME(S):				/					
IF APPLICANT IS A NO SHOW PLEASE CHECK H									
RIDER CONDUCT NOTICES									
Arrive promptly at assigned hour. Briefing starts at 10	after	Doors	will usually be	locked. Use into	ercom to notify	that you h	ave arrived		
Wear casual/comfortable clothing but no shorts, t-shir		No open toed shoes. Hats/ball caps are not permitted to be worn in sheriff's							
torn clothing.		vehicles. No gang affiliated indicators							
No weapons of any kind All observations and/or information received during a		No recording devices are allowed (i.e. cameras, tape							
considered confidential		recorders, etc.)							
Cell phones (if brought) will need to be stowed away	(Confid	ential informa	tion is not allow	ed to be posted	on multim	edia		
Attempted contact/s (Date & Time): 1 st	Ca	illed	No Answer No Answer No Answer	Not Set up Not Set up Not Set up	Voice mess Voice mess	sage left	E-mailed E-mailed E-mailed		

Please return completed, original form to Watch Command Administrative Secretary after ride along has concluded so information can be entered in ICJIS.

Thank You!