



**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 INCOMPLETE OR ILLEGIBLE APPLICATIONS CANNOT BE PROCESSED AND WILL BE WITHDRAWN.

NAME: (LAST, FIRST, MIDDLE INITIAL)				SOCIAL SECURITY NUMBER				DATE					
PHYSICAL STREET ADDRESS (Do Not Use a P.O. Box)						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? <input type="checkbox"/> NO <input type="checkbox"/> YES (Check one) (If you answered yes, list date(s), charge(s), and disposition(s). Attach additional page(s) if necessary.)													
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 <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Condition <input type="checkbox"/> Nervous or Mental Condition <input type="checkbox"/> 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.) <input type="checkbox"/> No <input type="checkbox"/> 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 with (check one): <input type="checkbox"/> Deputy Sheriff (Patrol) <input type="checkbox"/> Community Service Officer (CSO) <input type="checkbox"/> Identification Unit (ID)													
REQUESTED DAY(S) AND SHIFT(S) OF PARTICIPATION. CHECK AS MANY AS PRACTICAL													
SHIFT	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	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.

IDEMNITY 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. 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	IF UNDER 18 PARENT/LEGAL GUARDIAN MUST SIGN	DATE
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**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.**

FOR SHERIFF'S DEPARTMENT USE ONLY

(RIDE ALONG APPLICATION BACK SHEET)

Date Processed: _____

Processing Employees Name: _____ ID#: _____

Driver's License Clear: Yes: _____ No: _____
City Clear: Yes: _____ No: _____
County Clear: Yes: _____ No: _____
Warrant/s Clear: Yes: _____ No: _____
Criminal History Clear: Yes: _____ No: _____
Past Rides Yes: _____ 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: _____

Please Check One: **APPROVED** **DISAPPROVED**

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 HERE: _____

RIDER CONDUCT NOTICES

Arrive promptly at assigned hour. Briefing starts at 10 after	Doors will usually be locked. Use intercom to notify that you have arrived
Wear casual/comfortable clothing but no shorts, t-shirts, tank tops or torn clothing.	No open toed shoes. Hats/ball caps are not permitted to be worn in sheriff's vehicles.
No weapons of any kind	No gang affiliated indicators
All observations and/or information received during a tour is considered confidential	No recording devices are allowed (i.e. cameras, tape recorders, etc.)
Cell phones (if brought) will need to be stowed away	Confidential information is not allowed to be posted on multimedia

Attempted contact/s (Date & Time): 1st _____ Circle one: No Answer Voice message left E-mailed
2nd _____ Circle one: No Answer Voice message left E-mailed
3rd _____ Circle one: No Answer Voice message left 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!