

**EL DORADO COUNTY SHERIFF'S OFFICE
RIDE-ALONG PROGRAM**

(see reverse side for requirements)

NAME: _____ DATE OF BIRTH: _____ AGE _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____ CITY: _____ STATE: _____ PHONE: _____

SEX: M F OCCUPATION: _____ IF STUDENT, NAME OF SCHOOL _____

EMAIL ADDRESS:

DO YOU HAVE PREVIOUS LAW ENFORCEMENT EXPERIENCE? YES NO

IF YES, WHAT AGENCY?

AGENCY NAME: _____ DATE: _____

HAVE YOU PARTICIPATED IN A "RIDE-ALONG" IN THE PAST? YES NO DATE: _____

WHAT DAYS AND TIMES ARE YOU AVAILABLE TO RIDE? _____

DAY SHIFT: 0630 - 1800

DAY SHIFT: 0830 - 2000

NIGHT SHIFT: 1630 - 0400

NIGHT SHIFT: 1830 - 0600

BOAT PATROL: SEASONAL

DO YOU HAVE ANY HISTORY OF:

Heart Condition

High Blood Pressure

Nervous or Mental Condition

None of these

ARE YOU A CURRENT CCW HOLDER ? Yes No County :

WHY WOULD YOU LIKE TO PARTICIPATE IN THIS PROGRAM? _____

HAVE YOU EVER BEEN ARRESTED? _____

DO YOU HAVE A CURRENT CALIFORNIA DRIVERS LICENSE? _____ Driver's License # _____

**AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE/
WAIVER AND RELEASE OF CLAIMS**

WHEREAS, the undersigned 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 manned by members of the El Dorado County Sheriff's Office and has further requested permission to accompany a member of said law enforcement department during the active performance of their official duties as police officers; and

WHEREAS, the undersigned acknowledges that the work and activities of said law enforcement department are inherently dangerous, involving possible risk of injury, damage, expense or loss to person or property; and

NOW, THEREFORE, be it understood that the undersigned hereby agrees that the County of El Dorado, the El Dorado County Sheriff's Office, the driver or the owner of any automobile owned or operated by, or in the service of, the County of El Dorado, their sureties, and each of them, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his or her estate or heirs, for any injury, damage, expense or loss to the person or property of the undersigned, incurred while riding as a guest or observer in any El Dorado County Sheriff's Office vehicle, or while accompanying a member of said department during the active performance of his/her official duties as a peace officer.

I, THE UNDERSIGNED APPLICANT, declare that I have given correct information in the foregoing application, and that I have read and understand the hereinabove "Agreement" assuming risk of injury or damage.

DATE SIGNED

SIGNATURE OF PARENT OR GUARDIAN

SIGNATURE OF APPLICANT

NOTE: Signature of parent/guardian requested for all applicants under 18 years of age.

REQUIREMENTS FOR RIDE-ALONG

1. Applicants must be 18 years of age (**14 1/2 for Explorers, 16 for ROP**), or older at the time application is submitted.

2. Applicants are not allowed to ride more than once in any given 12 month period. (This is due to the large number of applications anticipated and to prevent a backlog of applicants waiting to participate.) Anyone expressing an interest in participating again shall be advised by the *deputy* at the time of their ride that they must wait at least 12 months to submit another application.

3. **All** participants must sign an accident waiver before they will be allowed to ride.

4. Dress Code: Participants are required to be neatly dressed during the ride-along. Males and females shall be required to wear casual dress pants and a shirt. Persons will not be allowed to participate if they show up in faded and patched blue jeans, T-shirts, halter tops, etc.

5. All deputies work a **12** hour shift. Participants in the ride-along program are not required to ride the entire shift, and at the discretion of the host deputy, may be returned to the office at any time.

For Department Use Only

Approved _____ Date: _____

Disapproved _____

By: _____

Assigned to ride on: _____ Time: _____
FROM TO

Applicant notified on: _____ By: _____

WPS CORI DL Local See Attached _____
Date Initial

Host Deputy's Comments: _____

DEPUTY'S SIGNATURE

Badge#