



SACRAMENTO COUNTY SHERIFF'S DEPARTMENT

Ride-Along Program Application Form

RAL # (For SSD Use only)

XREF (For SSD Use Only)

IDENTIFYING INFORMATION

NAME (LAST, FIRST MIDDLE)			DATE		
ADDRESS		CITY	ZIP	TELEPHONE	
NAME OF EMPLOYER		OCCUPATION		EMAIL ADDRESS	
WORK ADDRESS		CITY	ZIP	TELEPHONE	
SEX	DESCENT	BIRTHDATE	CITY/STATE OF BIRTH		DRIVER'S LICENSE # / STATE

EMERGENCY INFORMATION

IN AN EMERGENCY NOTIFY (LAST NAME, FIRST NAME)			RELATIONSHIP		
ADDRESS		CITY	ZIP	TELEPHONE	
BLOOD TYPE	ALLERGIES	MEDICATIONS			
PHYSICAL CONDITION/AILMENT(S) YOU WISH TO DISCLOSE IN THE EVENT OF A MEDICAL EMERGENCY (OPTIONAL)					
INSTRUCTION OR INFORMATION TO TREATING PHYSICIAN (OPTIONAL)					

SECURITY CLEARANCE INFORMATION

HAS APPLICANT EVER BEEN ARRESTED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, LIST DATE(S), OFFENSE AND JURISDICTION	
HAS APPLICANT EVER BEEN ADMITTED TO A PSYCHIATRIC TREATMENT FACILITY?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS APPLICANT EVER BEEN DETAINED FOR A MENTAL CONDITION PURSUANT TO W&I § 5150?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
LIST DATE(S) AND CIRCUMSTANCES					

ELIGIBILITY INFORMATION

HAS APPLICANT PARTICIPATED IN THE RIDE ALONG PROGRAM IN THE PAST?		DATE LAST PARTICIPATED	RECOMMENDED BY: (OR SELF REQUEST)
<input type="checkbox"/> NO	<input type="checkbox"/> YES		
WHY WOULD YOU LIKE TO PARTICIPATE IN THIS PROGRAM? (BRIEF SUMMARY)			
ANY RELATIVES OR CLOSE FRIENDS CURRENTLY IN SACRAMENTO COUNTY CUSTODY? <input type="checkbox"/> NO <input type="checkbox"/> YES			
NAME		LOCATION	
<input type="checkbox"/> RESIDE IN DISTRICT	<input type="checkbox"/> WORK IN DISTRICT	<input type="checkbox"/> LAW ENFORCEMENT EMPLOYEE/RETIREE	
<input type="checkbox"/> GOVERNMENT OFFICIAL	<input type="checkbox"/> FAMILY MEMBER OF DEPT. EMPLOYEE	<input type="checkbox"/> ALLIED OR PARTNER AGENCY	
<input type="checkbox"/> OTHER (explain):			

THIS APPLICATION IS NOT TO BE REPRODUCED FOR USE BY AN APPLICANT (OVER)

WAIVER AND RELEASE

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

The undersigned is at least 18 years old and has requested permission to accompany a member of the Main Jail Division/Sacramento County Sheriff's Department during the active performance of their official duties:

The undersigned understands and acknowledges that such duties involve work and activities, which are inherently dangerous and may subject the undersigned to risk of loss, injury, or damage to person or property.

The undersigned hereby agrees that the Sheriff's Department Main Jail Division/County of Sacramento, it's managers, supervisors, employees and agents, their sureties and each of them shall not be held liable 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 accompanying a member of said department during the performance of official duties.

The undersigned agrees to dress appropriately in casual business attire, and to comply with all lawful directives of the host officer or other employee of the Sheriff's Department.

The undersigned further acknowledges that any submission or willful omission of false or misleading information in this application will be subject to automatic disqualification from the Ride Along Program.

*** READ THIS DOCUMENT COMPLETELY BEFORE SIGNING ***

SIGNATURE

PRINT NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE
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SCHEDULING INFORMATION

APPLICANT IS AVAILABLE TO RIDE:	ON THESE DAYS/DATES:
<input type="checkbox"/> A-Days (Sun, Mon, Tues, every other Wed) 0730-1330	
<input type="checkbox"/> B-Days (Thurs, Fri, Sat, every other Wed) 0730-1330	
<input type="checkbox"/> A-Nights (Sun, Mon, Tues, every other Sat) 1930-0130	
<input type="checkbox"/> B-Nights (Wed, Thurs, Fri, every other Sat) 1930-0130	

RETURN COMPLETED APPLICATION TO: Main Jail Division, 651 I Street, Sacramento, CA 95814

SHERIFF'S DEPARTMENT USE ONLY

RECEIVED BY:	LOGGED <input type="checkbox"/>	DATE
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SECURITY CLEARANCE

BACKGROUND COMPLETED BY:	DATE
BACKGROUND RESULTS:	

APPROVAL

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	COMMANDER/ ASSISTANT COMMANDER / RAL PROGRAM MANAGER	DATE
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NOTIFICATION

<input type="checkbox"/> TELEPHONE <input type="checkbox"/> LETTER/EMAIL	NOTIFIED BY:	DATE
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ASSIGNMENT

WATCH	HOST OFFICER	DATE
Applicant : <input type="checkbox"/> Participated as scheduled <input type="checkbox"/> Did not participate (Reason):		DATE

Return this form to the Main Jail Ride Along Program Coordinator for filing