



# SACRAMENTO COUNTY SHERIFF'S DEPARTMENT

## Ride-Along Program Application Form

IDENTIFYING INFORMATION					
NAME (LAST, FIRST MIDDLE)					DATE
ADDRESS		CITY	ZIP	TELEPHONE	
NAME OF EMPLOYER		OCCUPATION			
WORK ADDRESS		CITY	ZIP	TELEPHONE	
SEX	DESCENT	BIRTHDATE	STATE OF BIRTH	DRIVER'S LICENSE NUMBER	
EMERGENCY INFORMATION					
IN AN EMERGENCY NOTIFY (LAST NAME, FIRST NAME)				RELATIONSHIP	
ADDRESS		CITY	ZIP	TELEPHONE	
BLOOD TYPE	ALLERGIES	MEDICATIONS		RELIGIOUS PREFERENCE	
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)					
<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 has requested permission to accompany members of 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 County of Sacramento, Sacramento County Sheriff's Department, it's managers, supervisors, employees and agents, the driver or owner of any vehicle owned or operated by or in the service County of Sacramento, 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 riding as an observer in Sacramento County Sheriff's Department Vehicle or while accompanying a member of said department during the performance of official duties.

The undersigned agrees to dress appropriately in casual business attire (no blue jeans), and to comply with all lawful directives of the host officer or other employee of the Sheriff's Department.

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

**SIGNATURE**

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18)	DATE
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**SCHEDULING INFORMATION**

INDICATE AREA OF PREFERENCE TO RIDE:

North Division       East Division  
 Central Division       Rancho Cordova PD     Other \_\_\_\_\_

APPLICANT IS AVAILABLE TO RIDE:	ON THESE DAYS/DATES:
<input type="checkbox"/> Day Watch      (6:00 AM TO 4:00 PM)	
<input type="checkbox"/> Evening Watch      (2:00 PM TO 12:00 AM)	
<input type="checkbox"/> Night Watch      (9:30 PM to 7:30 AM)	

**RETURN COMPLETED APPLICATION TO:  
The division you noted as your Ride Preference Area (above).**

**SHERIFF'S DEPARTMENT USE ONLY**

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

BACKGROUND COMPLETED BY:	DATE
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BACKGROUND RESULTS:

**APPROVAL**

<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED	COMMANDER/ EXECUTIVE LIEUTENANT/ WATCH COMMANDER	DATE
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**NOTIFICATION**

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

WATCH	HOST OFFICER	DATE
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Applicant : <input type="checkbox"/> Participated as scheduled <input type="checkbox"/> Did not participate <input type="checkbox"/> Participated on:	DATE
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**Return this form to the Division Secretary for filing**