

CITIZEN OBSERVER (RIDE-ALONG) PROGRAM APPLICATION

LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN		

STREET / MAILING ADDRESS	CITY	COUNTY	ZIP CODE
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PHONE	(HOME)	_____	DATE OF BIRTH	_____
	(WORK)	_____	SSN	_____

I hereby request permission to ride as a civilian observer in a Sheriff's Office patrol vehicle because:

I further agree with and voluntarily sign a Release and Hold Harmless Agreement (on reverse).

All requested dates listed below are at least two (2) days after submitting this application:

1 st Choice:	Date	_____	Time	_____
2 nd Choice:	Date	_____	Time	_____
3 rd Choice:	Date	_____	Time	_____

Signature of Applicant	Date
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(FOR OFFICE USE ONLY)

Date / Time Received _____ By _____

Checks: CCH _____ Wanted _____ DL _____

Approved / Denied _____ Notified By _____ Date _____

Assigned Date / Time / Deputy Sheriff _____

Host Deputy Sheriff Name / Comments _____

**SHERIFF'S OFFICE
CITIZEN OBSERVER (RIDE-ALONG) PROGRAM
RELEASE AND HOLD HARMLESS AGREEMENT**

In consideration of being permitted to ride in a vehicle owned and operated by the County, for the expressed purpose of observing operations and facilities of the Sheriff's Office, the undersigned agrees to release and hold harmless the County, its agents, employees, and elected official from any and all liability to me for personal injury or death or any property damage, whether proximate or remote, sustained during or as a result of my ride as an observer.

I understand that I will be a guest passenger in the vehicle in which I ride and have not offered any payment to the Sheriff's Office or its employees for the opportunity to ride. I further understand that I may be summoned as a witness in any proceeding as a result of my observations.

This observation is for my educational benefit. At all times, I agree to obey all orders, instructions and commands of the deputy sheriff of the Sheriff's Office. I fully realize and appreciate the basic nature of law enforcement and the possibility that situations may arise which might result in my exposure to danger or physical harm or injury, including traffic accidents, and I am willing to accept these risks. I further agree to keep confidential anything which I may observe or hear. I understand that my observation ride may be terminated at any time without notice.

I authorize the Sheriff's Office to conduct a complete records check of me prior to riding and understand that any information of an adverse or criminal nature may disqualify me.

I freely and voluntarily sign this Release and Hold Harmless Agreement in sole reliance of my own independent judgment.

Signature of Applicant

Date

PARENTAL ENDORSEMENT (For applicants under age of 18): I have read and understand the Release and Hold Harmless Agreement and agree to be bound to its provisions as they apply to my Son / daughter _____ . I agree to assume full responsibility for my Son / daughter as it would pertain to the provisions set forth.

Parent / Guardian Signature

Date