

**SAN JOAQUIN COUNTY SHERIFF'S DEPARTMENT RIDE-A-LONG PROGRAM APPLICATION**

Last Name:		First Name:		Date of Birth:	
Address:			City:		Zip Code:
Phone #:			Driver's License #:		

Why do you want to participate in this program? \_\_\_\_\_  
 Have you participated in our "RIDE-A-LONG Program" in the past? No.  Yes  Date: \_\_\_\_\_  
 Have you ever been arrested? No  Yes  If "YES," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE GIVE TWO WEEKS ADVANCE NOTICE FOR PROCESSING**

Available Shifts		Shift Preferences		Medical History		Yes	No
Days:	0600-1600	Date:		High Blood Pressure		<input type="checkbox"/>	<input type="checkbox"/>
	0800-1800	Shift(s):		Heart Condition		<input type="checkbox"/>	<input type="checkbox"/>
Swing:	1500-0100			Nervous or Mental Condition		<input type="checkbox"/>	<input type="checkbox"/>
Graves:	2100-0700			Serious Medical Condition		<input type="checkbox"/>	<input type="checkbox"/>

- Dress code: Ride-a-longs shall be required to be neatly dressed in casual business attire.
- Applicants must be 18 years of age or older at the time the application is submitted. Exceptions are made with the Captains consent and parent or legal guardian if applicable.
- All participants must sign an accident waiver before they will be allowed to ride, including parent or guardian if applicant is under 18.
- All applicants must be able to promptly follow the verbal instructions of the host deputy, enter and exit the patrol car unassisted, and to take evasive action in an emergency.
- All applicants must meet one or more of the criteria below (check all that apply)
  - RESIDENT OF SAN JOAQUIN COUNTY
  - VISITING LAW ENFORCEMENT PERSONNEL FROM OTHER AGENCY
  - STUDENT OF SAN JOAQUIN COUNTY HIGH SCHOOL AND IN POSSESSION OF VALID STUDENT BODY CARD
  - SAN JOAQUIN COUNTY EMPLOYEE AND IMMEDIATE FAMILY
  - ANY VALID NEWS MEDIA REPRESENTATIVE
  - CURRENT CRIMINAL JUSTICE PROGRAM STUDENT (list academic institution)
  - OTHER *Please specify* \_\_\_\_\_

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

The undersigned has requested permission to ride as a guest/observer in a San Joaquin Sheriff Department vehicle and accompany a member or members of the department during the active performance of their official duties as Deputy Sheriffs (initial): \_\_\_\_\_

I, the undersigned, acknowledge that the work and activities of the department in connection with the ride-a-long are inherently dangerous to me, possibly involving risk of personal injury, death, damage, expense, or loss to person or property (initial) \_\_\_\_\_

I, the undersigned, hereby releases the County of San Joaquin, the San Joaquin Sheriff's Office, its employees and/or agents, the driver or owner of any automobile owned or operated by or in the service of the County of San Joaquin, their sureties, and each of them, from liability or responsibility under any circumstances whatsoever, and by name by the undersigned, his or her estate or heirs, for any injury, death, damage, expense, or loss to the person or property of the undersigned, incurred while riding as a guest/observer in any vehicle, or while accompanying a member of said department during the active performance of his or her official duties as a peace officer (initial) \_\_\_\_\_

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I, the undersigned applicant declares under penalty of perjury that all of the information that I have given in the foregoing application is correct, and that I have read and understand the herein above agreement assuming risk of injury or damage, waiver and release of claims: and that I knowingly and willingly assume the risk of any loss, death, damage of any kind whatsoever, which I may incur as a result of participating in the "ride-a-long" program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**FOR SAN JOAQUIN SHERIFF'S DEPARTMENT USE ONLY**

Records Check Completed:    \_\_\_ SJ Sheriff    \_\_\_ Other Agency    \_\_\_ DMV    \_\_\_ CLETS/Rap

Completed Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: YES / NO    By: \_\_\_\_\_

Comments: \_\_\_\_\_

Assigned Deputy: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Shift: \_\_\_\_\_

Applicant notified on: \_\_\_\_\_ By: \_\_\_\_\_

jsolmayor@sjgov.org