



**Sacramento County Sheriff's Department
Rancho Cordova Police 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

INSTRUCTION OR INFORMATION TO TREATING PHYSICIAN (OPTIONAL)

MEDICAL CONDITION(S) YOU WISH TO DISCLOSE TO AID IN THE EVENT OF EMERGENCY TREATMENT (OPTIONAL)

SECURITY CLEARANCE INFORMATION

HAS APPLICANT EVER BEEN ARRESTED? YES NO IF YES, LIST DATE(S), OFFENSE AND JURISDICTION

HAS APPLICANT EVER BEEN ADMITTED TO A PSYCHIATRIC TREATMENT FACILITY? YES NO

HAS APPLICANT EVER BEEN DETAINED FOR A MENTAL CONDITION PURSUANT TO W&I § 5150? YES NO

LIST DATE(S) AND CIRCUMSTANCES:

ELIGIBILITY INFORMATION

HAS APPLICANT PARTICIPATED IN THE RIDE ALONG PROGRAM IN THE PAST? <input type="checkbox"/> NO <input type="checkbox"/> YES	DATE LAST PARTICIPATED	RECOMMENDED BY: (OR SELF REQUEST)
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):		

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

The undersigned has requested permission to accompany a member or members of the 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 subject the undersigned to risk of loss, injury, or damage to person or property.

The undersigned hereby agrees that the County of Sacramento, the 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 of the 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 any 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, 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

APPLICANT IS AVAILABLE TO RIDE:	ON THESE DAYS/DATES:
<input type="checkbox"/> Day Watch (7:00 AM TO 5:00 PM)	
<input type="checkbox"/> Evening Watch (3:00 PM TO 1:00 AM)	
<input type="checkbox"/> Night Watch (10:00 PM to 8:00 AM)	

RETURN COMPLETED APPLICATION TO: East Division 10361 Rockingham Drive Sacramento CA 95827

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	COMMANDER / ASSTANT COMMANDER / WATCH COMMANDER	DATE
<input type="checkbox"/> DECLINED		

NOTIFICATION

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

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

(Revised 07-21-2005)