



Jefferson County Sheriff's Office

Ride-Along Program

The Jefferson County Sheriff's Office welcomes your participation in the Ride-Along Program. We hope that you will find this experience both informative and enjoyable. Please email completed form to scrutherford@jeffco.us.

Application to Participate

Today's Date: _____

Full Legal Name: _____
Last First Middle
_____-_____-_____
Date of Birth Social Security Number I/D Number (or) State Drivers' License Number
(You must provide either Driver's License or Identification on the day of the ride along)

Current Address: _____
Number and Street City, State Zip code

Phone Numbers: Home _____ - _____ - _____ Cell or Work _____ - _____ - _____

Emergency Contact: Name _____ Relationship _____

Emergency Phone Numbers: Home _____ - _____ - _____ Cell _____ - _____ - _____

I request to participate in the Ride-Along Program and accompany a Deputy Sheriff designated by the Jefferson County Sheriff's Office. The following are my preferred dates and shift to ride (please include alternate dates)

The Ride-Along will be for five or ten hours of the shift, beginning and ending at the precinct of choice.
Please indicate how long you wish to participate
5 Hours 10 Hours

Shift 1 (6:30 a.m. to 4:30 p.m.) Shift 2 (3 p.m. to 1 a.m.) Shift 3 (10 p.m. to 8 a.m.)

Choice # 1: Date _____ Shift _____ Choice # 3: Date _____ Shift _____
Choice # 2: Date _____ Shift _____ Choice # 4: Date _____ Shift _____

Reason for the Ride-Along: _____

(If a specific Deputy or Area is desired, please specify)

Deputy Name: _____ **Area:** (please Circle one) **North South Mountains**

You must complete the attached Waiver, Release and Indemnification and adhere to the attached guidelines.

The Ride-Along coordinator will contact you by phone to verify scheduled date/time. If you do not hear from the coordinator within 10 days please call 303-271-5137. **Do not appear without first speaking with the coordinator.**

***** **For Office Use Only** *****

NCIC/CCIC and local records check completed by: _____

Approved By: _____ Comments: _____

_____/_____/_____
Date Shift Deputy Assigned

Ride Completed? Yes NO If **No**, reason? _____

Sergeant, please return the completed form to Patrol (Administrative Coordinator) after Ride-Along

**WAIVER, RELEASE, AND INDEMNIFICATION
ANY PERSON 16 YEARS OF AGE OR OLDER MAY REQUEST TO PARTICIPATE**

I request the privilege of riding along with and accompanying a deputy sheriff of the Jefferson County Sheriff's Office on daily duties. In consideration of being allowed to participate in the Ride-Along Program, I state and agree to the following:

I, for myself, my heirs, and assigns, waive, release, and discharge any and all liabilities, causes of action, claims, and demands for all injuries, damages, or losses of any nature whatsoever which may result from or relate to my participation in the Ride-Along Program, against the County of Jefferson, State of Colorado, its elected or appointed officials, officers, agents, and employees, whether caused by their negligence or otherwise by their acts or the care, maintenance, or use of any facility, vehicle, or other equipment used in the performance of the deputy sheriff's duties. I agree to indemnify the above listed parties from any loss, liability, damage, or cost they might incur from my participation in the ride-along.

I understand that I will be assigned to ride with a deputy sheriff who will attend to normal duties and will respond to all calls for service; that a deputy sheriff can be and often is assigned duties which involve physical danger and serious risks of harm; that by accompanying the deputy sheriff, I may be in an emergency situation where I may be at risk for serious or even fatal injury; and that the deputy sheriff will not avoid or disregard duties which involve emergencies or danger simply because I am accompanying the deputy sheriff. I agree that in an emergency situation, I will immediately comply with all orders or directions of the deputy sheriff. I understand the risks, conditions, and hazards which are necessarily a part of the Ride-Along Program and understand that I am responsible for my own safety.

I understand this Waiver, Release, and Indemnification is intended to be as broad as permitted by law and agree that if any portion is held invalid, that the remaining portions shall remain in full force and effect.

I understand that a clearance and background check will be completed.

I have carefully read the guidelines and this Waiver, Release, and Indemnification, know and understand its contents, and sign it voluntarily.

Applicant's Signature

I am the parent or legal guardian of the minor participant and request that my child be allowed to participate in the Ride-Along Program. I have carefully read the guidelines and this Waiver, Release, and Indemnification, know and understand its contents, and sign it voluntarily intending that it be binding upon the minor participant, myself, and our heirs and assigns. I expressly assume the duties, liabilities, and terms and conditions contained herein.

Parent or legal guardian of applicant under the age of 18

GUIDELINES FOR PARTICIPANT

You will be accompanying a deputy sheriff on his/her daily duties. The deputy sheriff will attend to normal duties and will respond to all calls for service to which he/she is assigned. The deputy sheriff will be happy to discuss his/her duties and responsibilities as much as time and circumstances will permit.

The deputy sheriff's duties can, and often do, involve physical danger and serious risks. The deputy sheriff will not avoid or disregard duties which involve emergencies or danger simply because you are accompanying him/her. While every effort will be made to ensure your safety, the deputy sheriff's first responsibility will be to carry out his/her duties. If you are in an emergency situation, you must immediately and without question comply with all orders or directions given to you by the deputy sheriff.

We hope that you will enjoy your participation in the program. The following guidelines apply:

1. You must complete the Application and Waiver, Release, and Indemnification, and file it with the Jefferson County Sheriff's Office at least one week prior to the ride-along date.
2. You will be notified by telephone or mail if your participation in the Ride-Along Program is approved. You may be denied approval to participate in the Ride-Along Program for any reason.
3. All rides are scheduled for 5 hours on the selected shift. You will begin your ride at the beginning of the shift at the Jefferson County Sheriff's Office precinct of choice, and you will be returned there at the end of the scheduled ride. When in a vehicle, you must wear a seat belt and shoulder belt at all times.
4. Because you will be exposed to the public, you must be neat and clean in appearance and behave appropriately. You should avoid wearing sweatshirts, t-shirts, shorts, jeans, and other types of leisure apparel. While participating in the Ride-Along Program, you will not be allowed to have in your possession (unless specifically pre-approved by a watch commander) weapons of any type, which includes but is not limited to: Mace/pepper spray, batons, or clubs, stun guns, guns or ammunition. You are not allowed to possess handcuffs, flashlights, radios, scanners, video or audio recording devices of any type, or anything which may be prohibited by the on-duty watch supervisor at the time of your ride-along.
5. The deputy sheriff may terminate your ride at any time (Example: If you are unruly, fail to obey instructions or distract the deputy from his/her duties). A supervisor may also terminate your ride at any time.
6. So that the greatest number of people may participate in the Ride-Along Program, you may not participate more than once every six months.

YOU MAY RETAIN THIS PAGE FOR YOUR OWN RECORDS