

Ride-Along Applicant Information and Liability Agreement

1. No intoxicants are to be consumed within 8 hours prior to the ride along. No person shall be allowed to ride who, in the opinion of the Deputy or supervisor, is under the influence of intoxicants, prescription drugs, or otherwise impaired.
2. Riders may not carry weapons during their ride along, including, but not limited to mace, pepper spray (OC), tear gas, knives of any size, Tasers, or firearms. The prohibition of weapons in the program includes persons authorized to carry concealed weapons by permit. Supervisors may make exception to this requirement only for sworn Oregon law enforcement officers.
3. Male riders are expected to wear a sport or dress shirt, slacks, and shoes. Coats and ties are optional. Shorts, T-shirts, and/or sandals are not acceptable.
4. Female riders are expected to wear a sport or dress shirt, slacks or a pants suit. No skirts or dresses are permitted. Shoes should be comfortable for standing and walking, with low or no heel. Purses are permitted, but should be of a small type, with essential items only. Shorts, T-shirts, and/or sandals are not acceptable.
5. There is no guarantee that you can be returned to the station exactly at the scheduled time the ride along is to end. The needs of the tasks being performed by the Deputy have priority, though every reasonable effort will be made to return you as soon as possible. If you are scheduled to ride for less than an entire shift and desire to complete the remainder of the shift with the Deputy, they may choose to grant this request.
6. No guarantee exists for break or eating periods. Please ensure you are sufficiently fed prior to beginning the ride along that, if need be, you can operate for hours without a significant meal and without significant discomfort. The Deputy is not responsible for any food or beverages you wish/ to purchase.
7. Recording devices, whether audio or visual, of any kind, are not permitted during the ride along. Recording in any medium of any person arrested or any complainant, victim, witness, suspect, subject, or property of those persons is expressly forbidden. Exceptions to this provision may be granted only to authorized members of the media, at the discretion of the supervisor.
8. During your ride you may witness events which will be introduced to the criminal justice system. You may be identified in a police report as witness to the event. It is possible that you may be subpoenaed to testify in legal proceedings as to what you saw. Should you be subpoenaed, you are neither entitled to, or will receive, any compensation from the Jackson County Sheriff's Office.
9. In some instances, it may be known that the call to which the Deputy is enroute is hazardous. Threats also may approach the Deputy unannounced. Your presence with the Deputy, or in the Sheriff's Office vehicle or boat, may increase your risk of injury or death. Although every action will be taken to protect you, there are no guarantees. Your acceptance to ride is your acknowledgment of these risks and your agreement to not hold Jackson County, the Jackson County Sheriff's Office, or any employee or agent responsible, morally or financially, for damages arising from your ride along with a Deputy.
10. If, for any reason, the Deputy or their supervisor determines there to be a conflict of interest, jeopardy, or undue interference with his or her tasks, they may immediately terminate the ride along and return you to the station. No further explanation may be given.
11. Law enforcement is a career of confidentiality. With and without consent of those involved, Sheriff's Deputies enter people's private lives. You are expected to maintain the confidentiality of all that you see and hear during your ride along.
12. A criminal history check and other routine investigative methods will be utilized to check your background prior to allowing you to participate in the Ride Along Program.
13. You shall, at all times, adhere strictly to the Deputy's instructions. As mentioned above, there are inherent risks in law enforcement. Your safety, and the safety of all those that you interact with during your ride along, may depend upon your following these instructions. Failure to abide by this requirement may result in the ride along being immediately ended.

I certify that I have read and will comply with the above regulations

Signature: _____

Date/Time: _____

Supervisor: _____

Applicant Information:

Name: _____

Evening Telephone #: _____

Address: _____

Day Telephone #: _____

Gender: _____ Date of Birth: _____ Social Security #: _____

Driver's License #: _____ State: _____

Please check all that are applicable:

- G I have participated in the JCSO Ride Along Program before.
! Please indicate hours ridden during this calendar year:
- G I have not participated in the JCSO Ride Along Program.
- G I have allergies or reactions to medication. *(Please describe in detail):*
- G I am taking drugs or medications. *(Please describe in detail):* _____
- G There are potential medical issues JCSO should be aware of during the Ride Along. (Examples: Epilepsy, Hemophilia, Diabetes, etc...) *(Please describe in detail):* _____

In Case of Emergency, Notify:

Name: _____

Evening Telephone #: _____

Address: _____

Day Telephone #: _____

Relationship: _____

Other Information:

1. Is there any information you wish to provide before your ride along that you feel is important or should be brought to our attention?

2. What shift and day of the week would you like to participate in the ride along?
Nights Days S M T W T F S

3. What is the purpose of this ride along?
Student Applicant Intern Family Citizen Academy

JCSO Use:

Approved by: _____ Unit Assigned:

- Q LEDS _____
- Q NCIC _____
- Q Local _____

(Attach all files and CCH info for Sgt. review)

By:
Records Deputy

Deputy/Supervisor Comments:

LIABILITY RELEASE

(To be completed immediately prior to commencement of the ride along.)

Please Read Carefully

I, _____, the undersigned do hereby request permission of the Jackson County Sheriff, to ride as an observer only, in an authorized Jackson County Sheriff's Office vehicle. I hereby agree to the terms and conditions set forth in the attached Ride Along Applicant Information and Liability Agreement. This observation is for the purpose of my educational benefit. If permission is granted, I agree to obey at all times all instructions, orders, and/or commands given me by the Deputy in command of any vehicle in which I may be riding.

I am aware that law enforcement work is dangerous. Prior to my executing this agreement, I have been made aware of and understand that by participating in the Jackson County Sheriff's Office Ride Along Program, I am exposing myself to situations that might result in damage to my property or injury to my physical/mental well being. I am also aware that by participating in this program, I may see places, people, or things that are emotionally upsetting to me.

I agree that I am a guest passenger in a Jackson County Sheriff's Office vehicle. I have not offered any payment to the Jackson County Sheriff's Office, or to any of its employees for this opportunity.

Despite my knowledge of the risk involved, I nevertheless knowingly and voluntarily assume any and all risk associated with my participation in the Jackson County Sheriff's Office Ride Along Program. I also agree that in the event of an accident, illness, injury, or other incapacity associated with my participation in the program, I will assume and pay for all of my own medical and other care expenses.

In exchange for permission to participate in the Jackson County Sheriff's Office Ride Along Program, I hereby release and hold harmless the County of Jackson, its Commissioners, the Jackson County Sheriff, and any and all employees, agents and servants of Jackson County, from any and all actions, claims, or demands, whatsoever that may arise out of my participation in this program. I intent this release and hold harmless agreement to forever bind myself as well as my estate, personal representatives, guardians, conservators, parents, heirs, executors, administrators, or assigns.

BY MY SIGNATURE BELOW, I HEREBY REPRESENT THAT I HAVE READ, UNDERSTAND, AND CONSENT TO THIS AGREEMENT AND THE RIDE ALONG APPLICANT INFORMATION AND LIABILITY AGREEMENT.

Signature of Rider _____ Date _____

Supervisor Approving Rider _____ Date _____