



SAN LUIS OBISPO COUNTY SHERIFF'S OFFICE



CITIZEN RIDE-ALONG PROGRAM INFORMATION SHEET

The following policy shall be in effect with regards to the Citizen Ride-Along Program and its guests.

1. Any member of the community, fifteen (15) years of age or older, may request to participate in the Ride-Along Program.
2. Ride-Along guests must apply with the Station Commander at least seven (7) days prior to the desired ride-along date. Applicants may be interviewed by the Station Commander to ensure a full understanding of the program and related requirements.
3. Ride-along assignments can be made for four (4) hours of any shift, between the hours of 10:00am and 11:00pm, any day of the week. Any ride-along longer than four (4) hours are at the discretion of the Watch Commander/Station Commander.
4. Participants must report to the appropriate station fifteen (15) minutes prior to the start of the ride-along time. Any person approved to ride-along is required to be suitably dressed in collared shirt, blouse, or jacket, slacks and shoes. Sandals, t-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted. Hats and ball caps will not be worn in the Sheriff's vehicle. The Station Commander or field supervisor may refuse a ride-along to anyone not properly dressed.
5. It shall be necessary for citizens to complete and sign the "Hold Harmless Agreement" required by the San Luis Obispo County Sheriff's Office prior to permission to ride-along being granted. Participants under eighteen (18) years of age must have the "Hold Harmless Agreement" signed by the juvenile's parent or legal guardian.
6. The Station Commander may deny permission for a ride-along if it is determined to be in the best interest or safety of the applicant and/or the Sheriff's Office.
7. The opportunity to ride-along will normally be limited to once every twelve (12) months.
8. Applications shall be submitted in person, except in circumstances where an applicant has applied for employment with the Sheriff's Office. Applicants for employment may return their application via email to Sheriff's Human Resources at sloso_hr@co.slo.ca.us.



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CITIZEN RIDE-ALONG PROGRAM

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ DATE OF BIRTH _____ AGE _____

SEX _____ HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

DRIVER'S LICENSE NO. _____ STATE _____ S.S. NUMBER _____

ARE YOU CURRENTLY AN APPLICANT FOR EMPLOYMENT WITH THIS AGENCY? YES _____ NO _____

IF 'YES' WHAT POSITION? _____

STATION PREFERENCE FOR RIDE ALONG: NORTH _____ SOUTH _____ COAST _____

YOUR EMAIL ADDRESS: _____

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

The following must be checked prior to the applicant riding:

CII _____ NCIC _____ LOCAL _____ DL (STATUS/FTA/FTP) _____

LOCAL ARRESTS: _____

DATE CHECKED _____ BY _____

DATE OF RIDE-ALONG

DATE _____ DAY _____ SHIFT _____

DEPUTY _____ AREA _____ BEAT _____

RIDE-ALONG APPROVED _____ DENIED _____ BY _____
NAME/RANK

NOTES: _____



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HOLD HARMLESS AGREEMENT

DATE: _____

I, _____, request permission to participate in the Citizen Ride-Along Program of the San Luis Obispo County Sheriff's Office by volunteering to ride as an observer in a San Luis Obispo County Sheriff's vehicle. I understand that there are certain risks involved where injury or death may occur. I agree not to hold the San Luis Obispo County Sheriff's Office, the County of San Luis Obispo, or the Deputy Sheriff with whom I ride, legally responsible in any way, including civil damages, for injury or death suffered by me as a result of my participating in said program.

Signature

Address City State Zip Code

Witness – Sheriff's Office Employee

(The following is to be completed when the citizen named above is a minor)

DATE: _____

I, _____, the parent or other legal guardian of the above minor, agree to the said minor's participation in the Citizen Ride-Along Program of the San Luis Obispo County Sheriff's Office. I understand the risks involved. I also agree not to hold the San Luis Obispo County Sheriff's Office, the County of San Luis Obispo, or the Deputy Sheriff with whom the above minor rides legally responsible in any way, including civil damages, for injury or death suffered by the above minor as a result of his or her participation in the said program.

Signature

Address City State Zip Code

Witness – Sheriff's Office Employee