

# JEFFERSON COUNTY SHERIFF'S OFFICE

## RIDE-ALONG PROGRAM

The Jefferson County Sheriff's Office welcomes your participation in the Ride-Along Program. Through this program, we believe that you will gain insight into the operation of this Office. We hope that you will find this experience both informative and enjoyable.

### APPLICATION TO PARTICIPATE

Today's Date: \_\_\_\_\_ County: Jefferson State: Colorado

Full Legal Name: \_\_\_\_\_  
LAST FIRST MIDDLE

/ / \_\_\_\_\_ / / \_\_\_\_\_ - - \_\_\_\_\_  
Date of Birth Driver's License Number (or) I/D Number State Social Security Number

**(You must provide your driver's license or I/D on the day of the ride-along)**

Current Address: \_\_\_\_\_  
Number & Street City, State & Zip

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Number & Street City, State & Zip

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone Numbers: Daytime \_\_\_\_\_ Nighttime \_\_\_\_\_

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 select alternate dates):

**Shift I (6:30 a.m. to 4:30 p.m.)      Shift II (3 p.m. to 1 a.m.)      Shift III (10 p.m. to 8 a.m.)**

Choice #1: Date \_\_\_\_\_ Shift \_\_\_\_\_      Choice #3: Date \_\_\_\_\_ Shift \_\_\_\_\_

Choice #2: Date \_\_\_\_\_ Shift \_\_\_\_\_      Choice #4: Date \_\_\_\_\_ Shift \_\_\_\_\_

(If a specific deputy or area is desired, please specify below)

Additional comments: \_\_\_\_\_

**(Complete the Waiver, Release and Indemnification on reverse side)**

The ride-along coordinator will contact you by phone to verify scheduled date/time. Should you not hear from the coordinator within 10 days, call 303-271-5665. **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 Scheduled Shift Deputy Assigned Entered on Roster

Ride Completed? Yes  No  If no, reason?: \_\_\_\_\_

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

Deputy, please return completed form to Patrol (Administrative Coordinator) after ride-along.

## **WAIVER, RELEASE, AND INDEMNIFICATION**

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 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, involved 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 a full shift. You may request prior approval for a shorter time period. You will begin your ride at the Jefferson County Sheriff's Office 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**