

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 fax completed form to 303-271-5500.

Application to Participate

Today's Date: _____

Full Legal Name: _____
Last First Middle

_____-_____-_____(or)_____-_____-_____
Date of Birth Drivers' License Number I\D Number State Social Security 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. All rides will be 5 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 Entered on Roster

Ride Completed? Yes NO If No, reason? _____

Deputy, please return the Completed form to Patrol (Administrative Assistant) after Ride-Along