

**DOUGLAS COUNTY SHERIFF'S OFFICE
CITIZEN RIDE ALONG APPLICATION**

Fill in the following information (PLEASE PRINT).

NAME: _____ DOB: _____ AGE: _____ SEX: _____
HOME PHONE: _____ WORK PHONE: _____ SOC. SEC. #: _____
HOME ADDRESS: _____
 Number Street City State Zip

PURPOSE OF RIDE (Explain): _____

Patrol observation rides are a maximum 4-hour duration. You are limited to 1 ride per calendar year. Juveniles will be at least 16 years of age and will have a parent or guardian signature prior to consideration for patrol observation. Please schedule as far in advance (1-WEEK MINIMUM) as possible. You will be contacted by telephone to confirm whether or not there is a vacancy for the date and time you have selected.

DATE REQUESTED: _____ TIME: ___ 7 AM ___ 9 AM ___ 1 PM ___ 4 PM ___ 8 PM ___ 10 PM

The applicant named above hereby acknowledges and declares that this application is made with the following understandings and stipulations:

1. The applicant will ride as a passenger in motor vehicles owned by Douglas County and operated by employees of the Douglas County Sheriff's Office. Such transportation is furnished to the applicant purely gratuitously, as a revocable privilege, so that the applicant may observe the daily, routine operation of the Douglas County Sheriff's Office on patrol.
2. Routine patrol duties may involve the operation of police vehicles in emergency conditions as authorized and permitted by ORS 820.300. Such operation may involve greater than normal speeds, justified disregard of certain traffic control devices and rules of the road, etc. The circumstances requiring emergency operation may include, but are not limited to, pursuit of other vehicles and expeditious transit to suspected crimes in progress. Such circumstances are so varied that an exhaustive list cannot reasonably be compiled. Determination of when to operate a police vehicle as an emergency vehicle is within the sole discretion of the Douglas County Sheriff's Office and its deputies.
3. Police work involves, by its very nature, many hazards beyond the power of the sheriff's office and its deputies to control. At all times while riding as a patrol observer, the applicant agrees that s/he will, without question or hesitation, abide by the directions of the Douglas County Sheriff's Office given by its deputies; and further recognizes that those directions may not effectively eliminate risk to the applicant, which risk the applicant assumes.
4. The applicant recognizes that in an emergency, a sheriff's deputy may not be able to both perform his/her duty and dismiss the applicant from his/her presence, thereby subjecting the applicant to the same risks as are presented to the deputy. The applicant recognizes that s/he must and does assume the risk.
5. The applicant recognizes that criminal charges and/or civil suits arise from many of the situations that confront deputies in their daily work. The applicant agrees that s/he will keep confidential all observations and conversations which come to his/her attention as a result of his/her participation in this program. S/he recognizes that s/he may become civilly liable for any disclosures of this confidentiality s/he makes.
6. The applicant recognizes that during the course of participating in patrol observation, the applicant will become a witness to traffic offenses and criminal violations. The deputy will provide the applicant's name and address as a witness whenever applicable. The applicant acknowledges that as a witness, s/he may be subpoenaed to testify in court.



7. The applicant recognizes that if medical assistance, including first aid and/or ambulance service is necessary, the Douglas County Sheriff's Office will arrange for the same, consent for which is hereby given, and the applicant agrees to pay any and all costs incurred or accruing in connection therewith.
8. In consideration of the acceptance of this application and granting by the Douglas County Sheriff's Office of the privilege of acting as a patrol observer, the applicant does hereby forever release, discharge, and acquit the Douglas County Sheriff's Office, Douglas County, its deputies, agents, and employees from any and all claims for death, personal injury and/or damage to property of any nature which may arise from or in connection with his/her participation hereunder.
9. The ride-along may be canceled or terminated at the discretion of the on-duty shift commander.
10. **THE APPLICANT HEREBY CONSENTS TO A CRIMINAL HISTORY/RECORDS CHECK AND DECLARES THAT S/HE HAS CAREFULLY READ AND FULLY UNDERSTANDS THE FOREGOING and, by his/her signature affixed hereto, accepts the same and assents thereto in its entirety.**

APPLICANT: _____ DATE: _____
(Signature)

PARENT OR GUARDIAN MUST SIGN THE FOLLOWING IF THE APPLICANT IS UNDER 18 YEARS OF AGE:

I, _____, being the parent or legal guardian of the above applicant do hereby certify that I have carefully read and fully understand the foregoing application; and do hereby personally and on behalf of the said applicant accept and assert to his/her participation under the terms, stipulations, and conditions set forth in the said application, including the CONSENT TO MEDICAL ASSISTANCE (paragraph 7) and the RELEASE OF LIABILITY (paragraph 8) set forth therein.

PARENT OR GUARDIAN _____ DATE: _____

***** DOUGLAS COUNTY SHERIFF'S OFFICE USE ONLY *****

RECORDS CHECK:

Warrant Check _____ Local _____ Other _____ Employee & No. _____

APPLICATION APPROVED BY:

Name: _____ Date: _____

Date Applicant will Ride: _____ Time _____ Deputy _____

Date applicant rode: _____ From: _____ Hours to _____ Hours

Deputy's Initials and DPSST No. _____

Approving Supervisor: _____

