

## **Ride Along Information and Application**

Thank you for your interest in participating in the Ride-Along Program. Through your first hand participation you will better understand the operation of a modern law enforcement agency. Because of today's busy schedules, it is particularly difficult for interested citizens like yourself to find time to become involved in a Ride-Along program and that makes your interest even more significant. We believe that effective law enforcement is possible only through community and citizen involvement. Perhaps the Ride-Along program is your first step toward this involvement. Whatever your past relationship with law enforcement has been, we congratulate you for your effort to become more involved.

Because of insurance and personal risks, all Ride-Along requests must be submitted in writing on the attached application and must be approved prior to the actual date of the Ride-Along. The Sheriff has no obligation to approve all applications and some may be denied due to program capacity or other reasons in the best interest of the Sheriff's Office.

To qualify for the Ride Along program the following must be met:

- 1. Applicant must be at least 16 years old or an active member of the Sheriff's Explorer Post.
- 2. Anyone under the age of 18 must have the insurance waiver signed by their parent or legal guardian. Minors may only ride during daylight hours.
- 3. Adult ride-alongs must be complete by 10:00 p.m. unless special permission of the Sheriff is granted.

If you are approved to ride along, you must abide by the following:

- 1. Male ride along participants must wear slacks and sport shirts. Jeans are not allowed.
- 2. Female ride along participants will wear conservative blouses and slacks or a pants suit. No halter tops, shorts or jeans are allowed.
- 3. All ride-along participants will remain in the front seat of the patrol unit unless permitted by the assigned Deputy to exit the vehicle on non-hazardous calls.
- 4. All participants are reminded that their role is strictly that of an observer.
- 5. Participants must obey the assigned Deputy's directions due to the sometimes hazardous nature of police work.
- 6. Conduct must follow professional standards of the Sheriff's Office. Horseplay, flirtatious conduct or any unprofessional conduct will cause immediate termination of the ride along.
- 7. All ride alongs must be aware that circumstances may dictate the assigned Deputy respond to a serious or dangerous call. In the event of this situation, the ride along will be left at a safe location and will be picked up by another unit as soon as possible.

Any violation of these or any other Sheriff's Office rules will be grounds for immediate termination of the ride along. Any question about these requirements should be addressed to the on-duty manager prior to beginning the ride along.

Southwest Substation 4209 WCR 24 1/2 Longmont, Colorado 80504 (720) 652-2415 Fax (720) 652-4217 Headquarters 1950 O Street Greeley, Colorado 80631 (970)356-4015 Fax (970)304-6467 Toll Free (800)436-9276 www.weldsheriff.com

Southeast Substation 2950 9<sup>th</sup> Street Fort Lupton, Colorado 80621 (303) 857-2465 Fax (303) 637-2422



## AGREEMENT OF ASSUMING RISK OF INJURY OR DAMAGE WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

Sheriff's	of the Weld County Sheriff's Office, have made voo	of the Sheriff's Office during the performance	e assigned to the Weld County e of their official duties, and	
	the Weld County Sheriff's Office is willing to all ay a member or members of the Sheriff's Office d			
	efore, in consideration of the permission given to any a member or members of said Sheriff's Office of			
1.	That I am aware that the work of the Sheriff's G death or personal injury or damage to my proper the performance of their official duties and that personal injury, or property damage arising from of the peace, fire, explosion, gas, electrocution members of the Sheriff's Office during the performance of the Sheriff's Office during the performance.	erty by accompanying a member or member if I freely, voluntarily and with such knowledger or in any way connected with the use of wor the escape of radioactive substances while	of the Sheriff's Office during ge assume the risk of death, reapons, unlawful riot, breach	
2.	That the County of Weld, Sheriff Steve Reams, his sureties, all members of the Weld County Sheriff's Office, their sureties, and each of them shall not be responsible or liable for any injury, damage, loss or expense, either to me or my property, incurred while riding in any vehicles assigned to the Weld County Sheriff's Office or while accompanying any member or members of said department during the performance of their official duties and resulting from any negligent act or omission on the part of any member of the Weld County Sheriff's Office.			
3.	For myself, my heirs, executors, administrators and assignees to defend and indemnify the County of Weld, Sheriff Steve Reams, all members of the Weld County Sheriff's Office, their sureties and each of them, against any and all manner of actions, causes of actions, suites, debts, claims, demands or damages or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission while riding in any vehicle assigned to the Weld County Sheriff's Office or while accompanying any member or members of said Sheriff's Office during the performance of their official duties.			
I hereby r	represent that I have carefully read and understand	the contents of this document and sign the s	same of my own free will.	
	Signature of Applicant	Date		
	Signature of Parent or Legal Guardian	Email		
	Southwest Substation	Headquarters	Southeast Substation	

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to



## WELD COUNTY SHERIFF'S OFFICE RIDE ALONG APPLICATION FORM

Full Name:	Date of Bi	rth:			
Current Address:		· · · · · · · · · · · · · · · · · · ·			
How Long?	ow Long? {If less than 2 years, list previous address}				
Previous Address:		<del></del>			
Primary Phone Number:	Alternate Phone No	umber:			
Please list the reason(s) why you are req	questing to participate in the Ride-Along P	Program:			
Date Requested:	Hours Requested:_				
* Please attach a copy of your current	Drivers License or Photo Identification C	Card			
	SHERIFF'S OFFICE USE ONLY				
CF	RIMINAL HISTORY INFORMATION				
TYPE	NO RECORD	RECORD ATTACHED			
CCIC CRIMINAL HISTORY					
NCIC CRIMINAL HISTORY					
CCIC WARRANTS					
NCIC WARRANTS					
LOCAL RECORDS (NAMS)					
SIGNATURE:	DATE:				
APPROVED REJ	ECTED				
SUPERVISOR SIGNATURE	DATE				
Southwest Substation 4209 WCR 24 1/2	Headquarters 1950 O Street	Southeast Substation 2950 9 <sup>th</sup> Street			

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