

Columbia County Sheriff's Office – Civilian Ride-Along Program

Dear Citizen,

Welcome to the Columbia County Sheriff's Office and our **Ride-Along Program**. We are pleased that you have shown an interest in your Sheriff's Office and a desire to participate in our program. We hope to provide you with a safe, informative experience and therefore ask that you adhere to the following rules and guidelines while participating in the **Ride-Along Program**.

1. The application to include the Waiver, Release and Indemnification must be completed and returned to the Sheriff's Office prior to riding. If you are a minor (Under 18), the Parent or Guardian Consent form must also be completed and notarized.
2. Once approved, your application will be assigned to a patrol deputy. You may request a specific patrol deputy; however, the Sheriff has the final approval authority. The Ride-Along will last approximately eight (8) hours. The patrol deputy will contact you and schedule the date and time to ride. Any additional information will be provided to you at that time.
3. Due to the popularity of this program, you will only be allowed one (1) Ride-Along per calendar year.
4. Because you will be exposed to the public, proper clothing and appearance is mandatory. Sweatshirts, Shorts, T-Shirts, Ripped or Torn Clothing or any apparel with obscene slogans will not be allowed.
5. While participating in the Ride-Along you will not be allowed to have in your possession (unless pre-approved by the watch commander) weapons of any type, which includes but is not limited to: Mace/Pepper Spray, batons or clubs, Stun Guns (Tasers). You are also not allowed handcuffs, radios, scanners or any audio/video recording equipment of any type.
6. Additionally, you must not become involved in any incident the deputy is handling. This includes discussions of an incident with victims, witnesses, or suspects. You must remain in the patrol vehicle unless otherwise instructed by a deputy. For security and safety reasons, you are not allowed to handle or use any of the deputy's equipment or the equipment in the patrol vehicle. There may be times when the deputy feels, for safety reasons you should be dropped off at a safe location. Please do not be offended - this, it is for your safety.
7. If at any time during your Ride-Along you become unruly, fail to follow instructions, distract or impede the deputy sheriff from his/her duties, your ride may be terminated.
8. We encourage you to ask questions of the deputies about their job and their roll in the community.

Again, we wish to thank you for your interest in this program. We encourage your comments and suggestions about this program and your Sheriff's Office.

Sincerely,



Mark Hunter, Sheriff

Columbia County Sheriff's Office – Civilian Ride-Along Program

WAIVER, RELEASE AND INDEMNIFICATION

I request permission to Ride-Along and accompany a Columbia County deputy sheriff on his/her daily duties. In consideration of being allowed to participate in the Ride-Along program, I state and agree to the following:

I, for my heirs, my assigns and myself 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 Columbia County Sheriff's Ride-Along program, against the County of Columbia, State of Florida, it's elected or appointed officials, officers, agents or employees, whether caused by their negligence or otherwise by their acts or the care, maintenance or use of any facility, vehicle, or any 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 may incur from my participation in the Ride-Along.

I fully understand that I will be assigned to ride with a deputy sheriff who will attend to normal duties and who will respond to all calls for service: the deputy sheriff can be and often is assigned duties that involve physical danger and serious risk of harm and that by accompanying the deputy sheriff, I may be in an emergency situation that I may be at risk for serious or fatal injury. I also understand that the deputy sheriff will not avoid or disregard duties based solely on my accompanying him/her. I agree that in an emergency situation that I will immediately and fully comply with all orders and directions of the deputy sheriff. I understand the risk, conditions and hazards that 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 Date

STATE OF FLORIDA

COUNTY OF: _____

Subscribed and sworn to (or affirmed) before me on _____ by _____
(Date) (Name of Affiant)

He/She is personally know to me or has presented _____
(Type of Identification)
as identification.

(SEAL)

Signature: _____

Name: _____

Title: Notary Public _____

Commission No: _____ Expires: _____

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THIS PAGE TO BE COMPLETED IF THE PERSON RIDING ALONG IS A MINOR

WAIVER, RELEASE AND INDEMNIFICATION PARENT OR GUARDIAN'S CONSENT

MINOR: (Printed Name) _____

I am the parent or legal guardian of the above named minor participant and request that my child be allowed to participate in the Columbia County Sheriff's Ride-Along Program. I have carefully read the guidelines of the Waiver, Release and Indemnification (pg.2), know and understand its contents, and sign this document voluntarily intending that it be binding upon the minor participant, myself, and our heirs assigns. I expressly assume the duties, liabilities, and terms and conditions contained herein.

Minor's Signature Date

Parent/Guardian's Signature Date

STATE OF FLORIDA

COUNTY OF: _____

Subscribed and sworn to (or affirmed) before me on _____ by _____
(Date) (Name of Affiant)

He/She is personally know to me or has presented _____
(Type of Identification)
as identification.

(SEAL)

Signature: _____

Name: _____

Title: Notary Public

Commission No: _____ Expires: _____

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APPLICATION FOR COLUMBIA COUNTY SHERIFF'S RIDE-ALONG PROGRAM

Date: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Age: _____ Sex: _____ Social Security Number: _____

Emergency Contact Name: _____ Phone #: _____

Driver License Number: _____ Issuing State: _____

POSITIVE IDENTIFICATION MUST BE PROVIDED AT TIME OF RIDE-ALONG

Occupation: _____ Employer: _____

Requested Dates and Times for Ride-Along:

Choice # 1 Date: _____ Time: _____

Choice # 2 Date: _____ Time: _____

Have you done a Ride-Along with Columbia County Sheriff's Office before? Yes: ___ No: ___ If

yes, when: _____ Deputy's Name: _____

DO NOT WRITE BELOW THIS LINE

COLUMBIA COUNTY SHERIFF'S OFFICE USE ONLY

DATE/TIME RECEIVED BY RECORDS: _____ BY: _____

LOCAL: _____ NCIC: _____ FCIC: _____ BY: _____

RESULTS OF FINDINGS FAVORABLE: _____ UNFAVORABLE: _____ IF UNFAVORABLE, SEE ATACHED DOCUMENTS.

DEPUTY ASSIGNED: _____

CHIEF DEPUTY APPROVAL: _____ Date: _____

SHERIFF'S APPROVAL: _____ Date: _____