



SHERIFF

ADAMS COUNTY

SHERIFF GENE R. CLAPS

RIDE-ALONG APPLICATION

Name (Last, First Middle)		E-Mail Address			Date	
Address			City	State	Zip	Phone Number
Date of Birth	Age Group <input type="checkbox"/> 14-17 <input type="checkbox"/> 18 and Over	Sex	Race	Social Security #		

DESIRED RIDING TIME: Check one below. If under 18, your parent or guardian **must** sign Parent Authorization below.

Date you desire to ride: _____ (Subject to Availability)

SHIFT:

- Days (0700 - 1700) Swings (1600 - 0200) Graves (2100 - 0700)

FOR OFFICE USE ONLY

Date Scheduled: _____	Shift Scheduled: _____
Ride-Along Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved By: _____

SERGEANT'S USE ONLY

Ride-Along Assigned To: _____	District _____
Critique Completed: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Sergeant: _____

PARENT AUTHORIZATION

Your son or daughter has applied to participate in the **Ride-Along Guest Observer Program**. This program is offered by the Adams County Sheriff's Office to help foster better relationships with the public while providing an opportunity to view a deputy at work.

The program affords the observer a chance to tour your Sheriff's facility and to ride in a patrol car for a ten hour shift, unless a request is made for a ride-along of less than ten hours, such as on a school night. The observer will ride with an on-duty deputy patrolling a given area of the county. Your teenager may wish to bring enough money for meal stops and other breaks.

Attached is a list of the rules pertinent to the observer and a Responsibility Waiver form. Please read the forms carefully. If you approve your child's application, sign below and on the reverse.

If you have any questions about the program, please call the Patrol Division at 720-322-1101.

I HAVE READ AND FULLY UNDERSTAND THIS FORM.

Parent or Guardian's Signature: _____

Minor's Signature: _____ Phone: _____

Address of Minor: _____

Return Completed Form To:

E-mail: ACSOPatrolAdmin@adcogov.org | Mail, or Drop-off: 4201 East 72nd Avenue, Suite C Commerce City, Colorado 80022

RIDE-ALONG APPLICATION

continued

OBSERVER PROGRAM RULES AND REGULATIONS

The Guest Observer Program is being offered to you by the Adams County Sheriff's Office. As a ride along applicant, you are expected to strictly adhere to the following instructions in order to safeguard yourself and to minimize the possibility of interference with normal police activities.

- A. All observers shall execute a signed waiver of liability. Persons under 18 years of age shall sign the waiver themselves, along with one parent or guardian. This form and the waiver form must be signed and submitted by mail or in person prior to being scheduled for a ride-along. **Applications take approximately seven to ten days from the date we receive it to process.** You will then be notified of the date and time of your ride-along.
- B. Observers are expected at the Sheriff's Substation at their scheduled time and will be returned to the Substation at the conclusion of the shift. Exceptions will be made if the observer desires to be returned to the Substation prior to the end of the shift.
- C. The dress code for male and female observers shall consist of dress pants and a shirt or sweater or other suitable clothing to meet weather conditions. It is not permissible to wear jeans, corduroys, T-shirts, sweatshirts, or shorts. All ride-along guests will be required to wear guest or observer badges. Observers will take no weapons, tape recorders or cameras unless previously authorized by the duty Sergeant or the Patrol Commander.
- D. We want riders to ask questions regarding procedures and activities; however, it must be done at an appropriate time. Observers shall not interfere with the deputy's activities at any time.
- E. Observers shall not converse with prisoners, suspects, witnesses or other parties contacted on police business.
- F. Observers shall not participate in any police activity unless specifically directed by the deputy.
- G. Observers shall not leave the radio car at any time without first obtaining permission from the deputy.
- H. **Remember:** The participants are riding in the capacity of an observer **only** and are under complete control of the deputy at all times.
- I. Riders will be asked to complete a form at the conclusion of their ride critiquing the experience.

NO SMOKING IS ALLOWED IN PATROL VEHICLES

RELEASE OF PATROL OBSERVER LIABILITY

1. I have been told that being an observer of patrol-related law enforcement is a particularly dangerous activity which could result in my death or in my serious injury;
2. I have been told that I may be assigned to a patrol officer who could at any time encounter a life-threatening situation or who could become involved in a motor vehicle accident;
3. **I HEREBY SPECIFICALLY RELEASE FROM ALL LIABILITY AND HOLD HARMLESS** the Board of County Commissioners of the County of Adams and the Adams County Sheriff and their agents, deputies and employees, for my death or for any and all injuries which I might suffer for any reason as the result of being an observer with a deputy sheriff;
4. I further state that I intend this release from liability to **INCLUDE LIABILITY FOR THE OPERATION OF ALL SHERIFF'S VEHICLES**, whether such operation was or might have been negligent; and,
5. I understand **I MAY BE GIVING UP LEGAL RIGHTS** as the result of this release, and it is my intention to give up those rights in exchange for permission to observe the deputy sheriff.

Observer's Signature: _____

Date: _____

Sheriff's Office Supervisor: _____

Date: _____

Parent's Signature: _____

Date: _____