

## Yavapai County Sheriff's Office Ride Along Program Request



Any person, who would like to accompany a Yavapai County Sheriff's Deputy on Patrol, must complete this form and submit it to the on-duty Field Supervisor. A request form must be prepared each time a person wishes to ride. To be eligible, the following requirements must be met:

- ➔ Be at least 18 years of age (under 18 years of age persons must have notarized guardian/parent signature for permission with final approval by Command Staff-see below )
- ➔ Signature, understanding & acceptance of Waiver of Liability.
- ➔ Must comply with all written & verbal instructions during the Ride Along Program.
- ➔ Must not have made request to ride or ridden within the past 30 days (approval by Command Staff is required when request is within the 30 days)
- ➔ Be of "sound character." (Will be left to the discretion of the Field Supervisor)
- ➔ Must not have been suspended from the program at any time.

### PERSONAL INFORMATION

Last Name:		First Name:			Middle Name:	
Race:	Sex:	DOB:	Hair Color:	Eye Color:	SSN:	
Address:					Phone #:	
Reason for request:						

### REQUESTED DATES

1 <sup>st</sup> Choice/ Date & Time:	2 <sup>nd</sup> Choice/ Date & Time:
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**Release of Liability  
Waiver of all Possible Claims & Assumption of Risk**

**Warning:** By signing this form, you give up your right to bring a court action to recover compensation for any injury to yourself or your property while participating in the Ride Along Program. You give up your family's right to bring an action to recover compensation as a result of your death while participating in the Ride Along Program. By signing this form, you are assuming both physical and legal risks that have potential financial implications for yourself and/or your family should you be injured or killed while participating in the Ride Along Program.

With my signature below, I indicate that I understand all information provided herein is subject to verification and that a check for warrants may be conducted to determine if I am eligible for this program. I have read and understand the above waiver and agree to the terms stated therein.

\_\_\_\_\_

Applicants Signature
Witness Signature
Date

### PARENT/GUARDIAN PERMISSION STATEMENT

I, \_\_\_\_\_ the parent, guardian or legal custodian of the requesting minor, grant permission for said minor to participate in the Ride Along Program and assent to the above waiver and agree to the terms stated therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Subscribed** and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires:

<b>Sheriff's Office Use ONLY/MUST BE COMPLETED PRIOR TO RIDE-ALONG:</b>			
In-House Check: _____	ACJIS Check: _____		NCIC Check: _____
Approved: _____	Date & Time of Ride Along: _____		
Denied: _____	Assigned Deputy: _____		
Suspended: _____	Reason: _____		Supervisor Signature
Notes:		Date	