ADA COUNTY SHERIFF'S OFFICE
REQUEST FOR RIDE-ALONG

APPLICANT INFORMATION

Last Name	First Name	Middle Initial	DOB mm/dd/yy
Address	Apartment #	City	State and Zip
SSN	Drivers License #	State Issued	Expiration Date
Work Phone	Home Phone		Sex
Employer	Employer Address		Employer Phone
Emergency Contact Person (1st)	Address	Phone No.	Relationship
Emergency Contact Person (2nd)	Address	Phone No.	Relationship
Date Requested to Ride-Along	Shift / Time Requested	Length of Ride-Along	Officer Requested

Applicant Signature _____ Date_____

PARENT / GUARDIAN INFORMATION

This section is to be completed and signed by the legal guardian, if the applicant listed above is a juvenile.

Last Name	First Name	Middle Initial	DOB mm/dd/yy
Address (If different from applicant)	Apartment #	City	State and Zip
Home Phone	Work Phone	Cell Phone or Pager #	

Guardian Signature _____ Date_____

Please Note:

This form must be completed and returned to the ACSO at least 48 hours prior to the time specified above for the ride-along. No person will be allowed to ride-along under any circumstances, if this application is not received on time. The application is good only for the time listed in the Applicant Information and cannot be changed via telephone or by any other method. Completing this form and returning it to the ACSO, within the appropriate time, does not guarantee the applicant a ride-along. By signing this application you are giving the ACSO permission to complete a thorough criminal history check on you prior to the ride-along. In addition, you may be required to complete additional paperwork at the time of the ride-along.

OFFICIAL USE ONLY

Type of I.D. Presented by Applicant π Drivers License π Military I.D. π I.D. Card π Other

_____ _____
Signature of person accepting application Date

_____ _____
Authorizing Supervisor Signature Date

ADA COUNTY SHERIFF'S OFFICE

Sheriff's Office (208) 577-3000 Patrol Section (208) 577-3700
7200 Barrister Dr.
Boise, ID 83704

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS AND SIGN THE WAIVER OF LIABILITY

_____I have been given an opportunity to ask questions that may clarify any requirements.

_____I understand that the activities of the deputy I am assigned to ride with may be dangerous, involving possible risk of personal injury and damage or loss of property.

_____I understand that I am to obey the commands of the deputy at all times during the Ride-Along. I will not exit the vehicle unless told to do so and will not do anything to inhibit the actions of the officer or to jeopardize the safety of the deputy or myself.

_____I understand that I am not to make any comments to any victims, witnesses, suspects, or others who are involved in official business with the Sheriff's Office.

_____I understand that the equipment assigned to an officer and the vehicle in which I will be riding is for the purpose of aiding the officer in performing official duties only and I will not touch, operate or adjust any of the equipment in the vehicle or on the officer.

_____I understand that failure to abide by the above requirements will result in immediate termination of the Ride-Along and can prohibit me from being considered for any Ride-Along in the future.

WAIVER OF LIABILITY
Release of Claims Against Ada County & Ada County Sheriff

For and in consideration of my being allowed to ride as a passenger and observer in an Ada County Sheriff's Office vehicle, for personal benefit, I do hereby release Ada County, the Ada County Sheriff's Office, its officials, employees, agents and assigns, individually from any and all civil liability including, but not limited to, actions in tort, contracts and civil rights. I do further grant a general release for myself, my heirs and executors and waiver, remise and forever release Ada County and the Ada County Sheriff's Office, its officials, employees, agents and assigns from all claims which can or may ever by asserted as a result of injuries or damages, mental or physical, sustained by me while with the Ada County Sheriff's Office or its officers, whether inside or outside the vehicle. I understand the terms of this waiver are contractual, legally binding and are not mere recital.

Ride-Along's Signature: _____ Date: _____

Parent/Guardian Signature:_____ Date: _____
(If rider is a juvenile.)
Emergency Contact Person: _____
Name Address Phone #

O F F I C E R I N F O R M A T I O N

Rider ID Confirmed O YES O NO **Type of ID Presented** O Drivers License O Military ID O I.D. Card O Other: _____	Deputy		Ada #
	Date of Ride-Along	Time of Ride-Along	Shift
	Time Ride-Along Ended	Supervisor's Signature	

RIDE-ALONG SAFETY BRIEFING

The following should be discussed by the officer prior to commencing the ride-along:

- **Must wear seatbelt at all times, unless instructed to do otherwise**
- **Must remain in the vehicle at all times, unless instructed to do otherwise**
- **Follow all instructions given by the officer**
- **Procedures in case of emergency, to include use of radio to summon assistance**
- **Any questions**