

**County of Santa Clara
Office of the Sheriff
55 West Younger Avenue
San Jose, California 95110-1721
(408) 808-4900**



**Robert Jonsen
Sheriff**

Dear Ride-Along Participant:

The Santa Clara County Sheriff's Office would like to thank you for your interest and participation in the Ride-Along Program. Whether you are interested in a law enforcement career or want to be more aware of what is occurring in your community, this program provides the opportunity to observe what a patrol deputy encounters during a 10 or 12-hour shift.

The Sheriff's Office currently consists of four major divisions: Patrol, Court Services, Investigations and Civil. The main office is located at 55 West Younger Avenue in San Jose, with three substations located throughout Santa Clara County.

The Sheriff's Office provides police services to the Cities of Cupertino, Saratoga and Los Altos Hills. We also serve the unincorporated areas within the County. With the exception of the three cities mentioned, the Sheriff's Office does not actively work traffic enforcement, as this is the responsibility of the California Highway Patrol.

While riding with a patrol deputy, you can expect that attention will be focused on you; therefore, a dress code has been established for all participants. Participants are asked to refrain from wearing skirts, dresses and high-heeled shoes. Inappropriate, revealing, unkempt or dirty clothing will be grounds for canceling the ride-along.

The assigned deputy will advise you of the patrol procedures regarding the Ride-Along Program. Feel free to ask any questions you might have at this time. The Sheriff's Office hopes you enjoy your experience. If you have any comments or suggestions, you can contact Patrol Headquarters Administration at 408-808-4405.

Sincerely,

A handwritten signature in blue ink that reads "R. Jonsen".

Robert Jonsen
Sheriff

LS:cls



RIDE-ALONG PROGRAM APPLICATION

PLEASE NOTE:

- A WARRANT AND CRIMINAL HISTORY CHECK WILL BE DONE
- Read carefully and fill out completely as incomplete applications will be returned
- Allow 4-8 weeks for processing

Participant's Full Name: _____
Last First Middle

AKA: _____

Address: _____
Street City State Zip

Phone #: _____
Home Cell Other

Email: _____

DL & Issue State: _____ DOB: _____

Reason for Ride-Along (please be specific): _____

Have you previously participated in a Ride-Along? Yes No If yes, date of last Ride-Along: _____

AGREEMENT

AGREEMENT ASSUMING RISK OF INJURY, DEATH OR DAMAGE WAIVER
 AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT.

CAUTION: READ THIS DOCUMENT IN FULL BEFORE SIGNING

I, _____, not being a member of the Sheriff's Office of Santa Clara County, have made a voluntary request to ride as a guest in a vehicle assigned to the Santa Clara County Sheriff's Office during the performance of their official duties. I am under no compulsion from any source to ride in a Sheriff's vehicle. I know it has been emphasized to me that the work of the Sheriff's Office is inherently dangerous for any number of reasons, some of which are foreseeable and some of which are not, and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member or members of the Sheriff's Office during the performance of their official duties. **I UNDERSTAND THAT CIVILIANS ARE PROHIBITED FROM CARRYING WEAPONS WHILE RIDING AS AN OBSERVER.**

OFFICIAL USE ONLY

Approved Denied _____
Signature Date

Ride-Along Scheduled: _____
Date Shift Deputy Beat

I freely, voluntarily, with such knowledge assume the risk of death, personal injury, or property damage arising from or in any way connected with any cause or causes including, but not limited to the use of weapons, unlawful acts or forcible resistance by law violators, assault, riot, breach of the peace, fire, explosion, aircraft accidents or collisions, gas, electrocution, or the escape of radioactive substances while accompanying a member or members of the Sheriff's Office during the performance of their official duties. I furthermore am aware of the risk and freely and voluntarily assume the risk of **ANY PERSONAL INJURY, OR DEATH, OR PROPERTY DAMAGE CAUSED IN WHOLE OR IN ANY PART OR DEGREE BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE COUNTY, ITS OFFICERS, AGENTS OR EMPLOYEES, INCLUDING SPECIFICALLY ANY MEMBER OF THE SANTA CLARA COUNTY SHERIFF'S OFFICE PURSUANT TO MY REQUEST.**

I AGREE THAT:

1. At all times I am participating as an observer of the Sheriff's Office. I shall obey the instructions of any of its members.
2. Santa Clara County, its officers, agents, and employees, Robert Jonsen, Sheriff of Santa Clara County, his sureties, all members of the Santa Clara County Sheriff's Office, their sureties, and each of them, shall not be responsible or liable for and I hereby release each and all from any responsibility or liability for any death, damage, loss or expense, either to me or my property, incurred or occurring while riding in any vehicle assigned to the Santa Clara County Sheriff's Office or while accompanying any member or members of the Sheriff's Office during the performance of their official duties **CAUSED IN WHOLE OR IN ANY PART OR DEGREE BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE COUNTY, ITS OFFICERS, AGENTS OR EMPLOYEES, INCLUDING SPECIFICALLY ANY MEMBER OF THE SANTA CLARA COUNTY SHERIFF'S OFFICE AND COUNTY PERSONNEL WHO MAINTAIN COUNTY VEHICLES.**
3. I, my heirs, executors, administrators and assigns will defend and indemnify Santa Clara County, its officers, agents and employees, Robert Jonsen, Sheriff of Santa Clara County, all members of the Santa Clara County Sheriff's Office, their sureties and each of them, against all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expense of every kind of nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle assigned to the Santa Clara County Sheriff's Office or while accompanying any member or members of the Sheriff's Office during the performance of their official duties.

CAUTION: READ THIS DOCUMENT IN FULL BEFORE SIGNING

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Applicant Signature

Date

Witness Signature

Date



RIDE-ALONG PROGRAM ORIENTATION

Participant Name

A. I have received, read and understand the letter entitled "Dear Ride-Along Participant." _____ initial

B. ELIGIBILITY

I understand that to be eligible to participate in the Ride-Along Program I must:

- 1. be 18 years or older OR _____ initial
- 2. be an active member of the S/O Youth Cadet Program with approval of the adviser and permission from a parent/guardian to participate _____ initial
- 3. have a photo ID at the time of the ride-along _____ initial
- 4. not be on probation, on parole, an ex-felon or a registered sex, drug or gang offender _____ initial
- 5. not have ridden with a Sheriff's Office unit in the last 6 months. _____ initial

C. REASONS FOR DISQUALIFICATION

I understand that participation in the Ride-Along Program is a privilege extended to qualifying individuals and that I may be disqualified for any of the following reasons:

- 1. The discretion of the patrol sergeant or assigned deputy _____ initial
- 2. Improper dress _____ initial
- 3. Indications of alcoholic beverage consumption _____ initial
- 4. Indications of illegal drug use or medication use that might impair judgment _____ initial
- 5. Any behavior that might be considered inappropriate prior to or during the ride-along _____ initial
- 6. Failure to provide photo identification prior to the Ride-Along _____ initial
- 7. Failure to complete the waiver form _____ initial
- 8. Circumstances that might be detrimental to me or the Sheriff's Office, i.e., major emergency, dangerous circumstances or high-risk assignment _____ initial
- 9. Clothing that is revealing, unkempt or dirty _____ initial
- 10. Poor hygiene _____ initial

D. GENERAL INFORMATION

- 1. Expect to ride the entire 10 or 12.5-hour shift
- 2. Eat lightly prior to the Ride-Along and bring money for a meal during the Ride-Along _____ initial
- 3. Smoking is not permitted during the Ride-Along _____ initial
- 4. You may not carry ANY firearms or weapons _____ initial
- 5. Do not exit the patrol vehicle on car stops, calls, etc., without permission of the deputy _____ initial
- 6. Clothes are to be clean, neat, comfortable and practical _____ initial
- 7. Participants should refrain from wearing dresses, skirts or high-heeled shoes _____ initial

I understand and agree to follow the rules and guidelines proposed in the Sheriff's Ride-Along Program.

Signature of Participant

Date