



AMHERST COUNTY SHERIFF'S OFFICE

RIDE ALONG APPLICATION

142-01 rev. 05/16/2011

TYPE or clearly PRINT (in black ink)

Personal Information

Last Name:		First Name:		M.I.	Date of Birth:	SSN:
Driver License Number:		License State:	Alias(s), Nickname(s), Maiden Name, or Other Changes:			
Sex:	Age:	U.S. Citizen: If No, Provide Naturalized Certificate #:		Place of Birth:		
Physical Address:			City:	State:	Phone Number:	
Mailing Address (if different from Physical):			City:	State:	Alternate Phone Number:	

Ride Along Agreement

I understand that;

My Criminal History and a check for outstanding warrants will be conducted prior to my Ride Along and that convictions of any felony, serious misdemeanors or crimes involving moral turpitude will disqualify me from participation in a Ride Along;

I will be occupying the deputy in the role of a silent observer;

I am to follow all directions given to me by the deputies;

I realize that I may be called upon as a witness in court proceedings that might arise from incidents handled during my Ride Along;

I may be called upon for assistance by the deputy to whom I am assigned;

I may end the Ride Along whenever I wish;

The deputy may end the ride along if safety considerations dictate;

I must wear a seat belt when riding in a Sheriff's Office vehicle;

I will identify myself, if asked, as an authorized citizen observer or a Ride-Along;

I will not carry any flashlight, radio, camera, tape recorder or other recording device, or binoculars unless authorized by the shift supervisor;

I will not carry weapons or restraining devices of any kind; (Exceptions may be granted to sworn law-enforcement personnel, by the shift supervisor only.)

I will not smoke or use smokeless tobacco during the Ride-Along, unless given permission by the deputy;

In addition I am not taking any medication that could impair my judgment in a stressful situation, nor do I have a medical condition that could impair my ability to react in a potentially dangerous situation.

I certify that I have not made any misrepresentations, omissions, or falsifications in completing this application. I further assert that all entries and answers were made by me. They are true and complete to the best of my knowledge.

I further agree that I have read the statements contained in this application and that I understand them completely.

Signatures

_____ Signature of applicant	_____ Date
_____ Signature of applicant's parent or legal guardian (Under 18 Only)	_____ Date

Status: Approved Denied Supervisor's Signature: _____ Date: _____

**The Amherst County Sheriff's Office reserves the right to deny ride-along privileges for any reason, without prior notice.*