



## SAN LUIS OBISPO COUNTY SHERIFF'S OFFICE

### CITIZEN RIDE-ALONG PROGRAM INFORMATION SHEET

The following policy shall be in effect with regards to the Citizen Ride-Along Program and its guests.

1. Any member of the community, fifteen (15) years of age or older, may request to participate in the Ride-Along Program.
2. Ride-Along guests must apply with the Station Commander at least seven (7) days prior to the desired ride-along date. Applicants will be interviewed by the Station Commander to ensure a full understanding of the program and related requirements.
3. Ride-along assignments can be made for four (4) hours of any shift, between the hours of 10:00am and 11:00pm, any day of the week. Any ride-along longer than four (4) hours are at the discretion of the Watch Commander/Station Commander.
4. Participants must report to the appropriate station fifteen (15) minutes prior to the start of the ride-along time. Any person approved to ride-along is required to be suitably dressed in collared shirt, blouse, or jacket, slacks and shoes. Sandals, t-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted. Hats and ball caps will not be worn in the Sheriff's vehicle. The Station Commander or field supervisor may refuse a ride-along to anyone not properly dressed.
5. It shall be necessary for citizens to complete and sign the "Hold Harmless Agreement" required by the San Luis Obispo County Sheriff's Office prior to permission to ride-along being granted. Participants under eighteen (18) years of age must have the "Hold Harmless Agreement" signed by the juvenile's parent or legal guardian.
6. The Station Commander may deny permission for a ride-along if it is determined to be in the best interest or safety of the applicant and/or the Sheriff's Office.
7. The opportunity to ride-along will normally be limited to once every twelve (12) months.

**SAN LUIS OBISPO COUNTY SHERIFF'S OFFICE**  
**CITIZEN RIDE-ALONG PROGRAM**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

HAIR COLOR \_\_\_\_\_ EYES \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**\*OFFICE USE ONLY\***

**The following must be checked prior to the applicant riding:**

CII \_\_\_\_\_ NCIC \_\_\_\_\_ LOCAL \_\_\_\_\_ DL (STATUS/FTA/FTP) \_\_\_\_\_

LOCAL ARRESTS:

---

---

---

---

---

DATE CHECKED \_\_\_\_\_ BY \_\_\_\_\_

**DATE OF RIDE-ALONG**

DATE \_\_\_\_\_ DAY \_\_\_\_\_ SHIFT \_\_\_\_\_

DEPUTY \_\_\_\_\_ AREA \_\_\_\_\_ BEAT \_\_\_\_\_

RIDE-ALONG APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ BY \_\_\_\_\_  
NAME/RANK

NOTES: \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

DATE: \_\_\_\_\_

I, \_\_\_\_\_, request permission to participate in the Citizen Ride-Along Program of the San Luis Obispo County Sheriff’s Office by volunteering to ride as an observer in a San Luis Obispo County Sheriff’s vehicle. I understand that there are certain risks involved where injury or death may occur. I agree not to hold the San Luis Obispo County Sheriff’s Office, the County of San Luis Obispo, or the Deputy Sheriff with whom I ride, legally responsible in any way, including civil damages, for injury or death suffered by me as a result of my participating in said program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Witness – Sheriff’s Office Employee



**(The following is to be completed when the citizen named above is a minor.)**

DATE: \_\_\_\_\_

I, \_\_\_\_\_, the parent or other legal guardian of the above minor, agree to the said minor’s participation in the Citizen Ride-Along Program of the San Luis Obispo County Sheriff’s Office. I understand the risks involved. I also agree not to hold the San Luis Obispo County Sheriff’s Office, the County of San Luis Obispo, or the Deputy Sheriff with whom the above minor rides legally responsible in any way, including civil damages, for injury or death suffered by the above minor as a result of his or her participation in the said program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Witness – Sheriff’s Office Employee