SACRAMENTO COUNTY SHERIFF'S OFFICE

Ride-Along Program Application Form

IDENTIFYING INFORMATION

NAME (LAST, FIRST MIDDLE)			DATE
ADDRESS	CITY	ZIP	TELEPHONE
NAME OF EMPLOYER	OCCUPATION		
WORK ADDRESS	CITY	ZIP	TELEPHONE

SEX	DESCENT	BIRTHDATE	STATE OF BIRTH	DRIVER'S LICENSE NUMBER

EMERGENCY INFORMATION

IN AN EMERGENCY NOTIFY (LAST NAME, FIRST NAME)			RELATIONSHIP
ADDRESS	CITY	ZIP	TELEPHONE

BLOOD TYPE	ALLERGIES	MEDICATIONS	RELIGIOUS PREFERENCE

PHYSICAL CONDITION/AILMENT(S) YOU WISH TO DISCLOSE IN THE EVENT OF A MEDICAL EMERGENCY (OPTIONAL)

INSTRUCTION OR INFORMATION TO TREATING PHYSICIAN (OPTIONAL)

SECURITY CLEARANCE INFORMATION

HAS APPLICANT EVER BEEN ARRESTED? ☐ YES ☐ NO IF YES, LIST DATE(S), OFFENSE AND JURISDICTION

HAS APPLICANT EVER BEEN ADMITTED TO A PSYCHIATRIC TREATMENT FACILITY? ☐ YES ☐ NO

HAS APPLICANT EVER BEEN DETAINED FOR A MENTAL CONDITION PURSUANT TO W&I § 5150? ☐ YES ☐ NO

LIST DATE(S) AND CIRCUMSTANCES

ELIGIBILITY INFORMATION

HAS APPLICANT PARTICIPATED IN THE RIDE ALONG PROGRAM IN THE PAST? ☐ NO ☐ YES	DATE LAST PARTICIPATED	RECOMMENDED BY: (OR SELF REQUEST)

WHY WOULD YOU LIKE TO PARTICIPATE IN THIS PROGRAM? (BRIEF SUMMARY)

☐ RESIDE IN DISTRICT ☐ WORK IN DISTRICT ☐ LAW ENFORCEMENT EMPLOYEE/RETIREE

☐ GOVERNMENT OFFICIAL ☐ FAMILY MEMBER OF DEPT. EMPLOYEE ☐ ALLIED OR PARTNER AGENCY

☐ OTHER (explain):

THIS APPLICATION IS NOT TO BE REPRODUCED FOR USE BY AN APPLICANT

(**OVER**)

WAIVER AND RELEASE

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE
WAIVER AND RELEASE OF CLAIMS

The undersigned has requested permission to accompany members of Sacramento County Sheriff's Office during the active performance of their official duties:

The undersigned understands and acknowledges that such duties involve work and activities, which are inherently dangerous and may subject the undersigned to risk of loss, injury, or damage to person or property.

The undersigned hereby agrees that County of Sacramento, Sacramento County Sheriff's Office, it's managers, supervisors, employees and agents, the driver or owner of any vehicle owned or operated by or in the service County of Sacramento, their sureties and each of them shall not be held liable under any circumstances whatsoever by the undersigned, his or her estate or heirs, for any injury, damage, expense or loss to the person or property of the undersigned incurred while riding as an observer in Sacramento County Sheriff's Office Vehicle or while accompanying a member of said department during the performance of official duties.

The undersigned agrees to dress appropriately in casual business attire (no blue jeans), and to comply with all lawful directives of the host officer or other employee of the Sheriff's Office.

**** READ THIS DOCUMENT COMPLETELY BEFORE SIGNING ****

SIGNATURE

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18)	DATE

SCHEDULING INFORMATION

INDICATE AREA OF PREFERENCE TO RIDE:

☐ North Division ☐ East Division

☐ Central Division ☐ Rancho Cordova PD ☐ Other _____

APPLICANT IS AVAILABLE TO RIDE:		ON THESE DAYS/DATES:
☐ Day Watch	(6:00 AM TO 4:00 PM)	
☐ Evening Watch	(2:00 PM TO 12:00 AM)	
☐ Night Watch	(9:30 PM to 7:30 AM)	

RETURN COMPLETED APPLICATION TO:
The division you noted as your Ride Preference Area *(above)*.

SHERIFF'S DEPARTMENT USE ONLY

RECEIVED BY:	LOGGED ☐	DATE

SECURITY CLEARANCE

BACKGROUND COMPLETED BY:	DATE

BACKGROUND RESULTS:

APPROVAL

	COMMANDER/ EXECUTIVE LIEUTENANT/ WATCH COMMANDER	DATE
☐ APPROVED ☐ DECLINED		

NOTIFICATION

	NOTIFIED BY:	DATE
☐ TELEPHONE ☐ LETTER		

ASSIGNMENT

WATCH	HOST OFFICER	DATE

Applicant : ☐ Participated as scheduled ☐ Did not participate ☐ Participated on: DATE

Return this form to the Division Secretary for filing

Form 7400-035 rev 3-2024

Clear Form