



Ride Along Information and Application

I am pleased you are interested in participating in the Ride-Along Program. Through your first hand participation you will better understand the operation of a modern law enforcement agency. Because of today's busy schedules, it is particularly difficult for interested citizens like yourself to find time to become involved in a Ride-Along program and that makes your interest even more significant. I believe that effective law enforcement is possible only through community and citizen involvement. Perhaps the Ride-Along program is your first step toward this involvement. Whatever your past relationship with law enforcement has been, I congratulate you for your effort to become more involved.

Because of insurance and personal risks, all Ride-Along requests must be submitted in writing on the attached application and must be approved prior to the actual date of the Ride-Along. The Sheriff has no obligation to approve all applications and some may be denied due to program capacity or other reasons in the best interest of the Sheriff's Office.

To qualify for the Ride Along program the following must be met:

1. Applicant must be at least 16 years old or an active member of the Sheriff's Explorer Post.
2. Anyone under the age of 18 must have the insurance waiver signed by their parent or legal guardian. Minors may only ride during daylight hours.
3. Adult ride-alongs must be complete by 10:00 p.m. unless special permission of the Sheriff is granted.

If you are approved to ride along, you must abide by the following:

1. Male ride along participants must wear slacks and sport shirts. Jeans are not allowed.
2. Female ride along participants will wear conservative blouses and slacks or a pants suit. No halter tops, shorts or jeans are allowed.
3. All ride-along participants will remain in the front seat of the patrol unit unless permitted by the assigned Deputy to exit the vehicle on non-hazardous calls.
4. All participants are reminded that their role is strictly that of an observer.
5. Participants must obey the assigned Deputy's directions due to the sometimes hazardous nature of police work.
6. Conduct must follow professional standards of the Sheriff's Office. Horseplay, flirtatious conduct or any unprofessional conduct will cause immediate termination of the ride along.
7. All ride alongs must be aware that circumstances may dictate the assigned Deputy respond to a serious or dangerous call. In the event of this situation, the ride along will be left at a safe location and will be picked up by another unit as soon as possible.

Any violation of these or any other Sheriff's Office rules will be grounds for immediate termination of the ride along. Any question about these requirements should be addressed to the on-duty manager prior to beginning the ride along.

John B. Cooke
Weld County Sheriff

Weld County Sheriff's Office
1950 "O" Street
Greeley, CO 80631
Phone: 970-356-4015

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

Whereas, I _____, (being/not being) over the age of twenty one and not being a member of the Weld County Sheriff's Office, have made voluntary request to ride as a guest in a vehicle assigned to the Weld County Sheriff's Office and to accompany a member or members of the Sheriff's Office during the performance of their official duties, and

Whereas, the Weld County Sheriff's Office is willing to allow me to ride as a guest in a vehicle assigned to the Sheriff's Office and to accompany a member or members of the Sheriff's Office during the performance of their duties on the following conditions.

Now therefore, in consideration of the permission given to me to ride in a vehicle assigned to the Weld County Sheriff's Office and to accompany a member or members of said Sheriff's Office during performance of their official duties, I do hereby agree:

1. That I am aware that the work of the Sheriff's Office is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member or member of the Sheriff's Office during the performance of their official duties and that I freely, voluntarily and with such knowledge assume the risk of death, personal injury, or property damage arising from or in any way connected with the use of weapons, unlawful riot, breach of the peace, fire, explosion, 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.
2. That the County of Weld, Sheriff John Cooke, his sureties, all members of the Weld County Sheriff's Office, their sureties, and each of them shall not be responsible or liable for any injury, damage, loss or expense, either to me or my property, incurred while riding in any vehicles assigned to the Weld County Sheriff's Office or while accompanying any member or members of said department during the performance of their official duties and resulting from any negligent act or omission on the part of any member of the Weld County Sheriff's Office.
3. For myself, my heirs, executors, administrators and assignees to defend and indemnify the County of Weld, Sheriff John Cooke, all members of the Weld County Sheriff's Office, their sureties and each of them, against any and all manner of actions, causes of actions, suites, debts, claims, demands or damages or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission while riding in any vehicle assigned to the Weld County Sheriff's Office or while accompanying any member or members of said Sheriff's Office during the performance of their official duties.

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

SIGNATURE OF APPLICANT

DATE

WITNESS

DATE

SIGNATURE OF PARENT/GUARDIAN
(if applicant is a minor)

DATE

**WELD COUNTY SHERIFF'S OFFICE
RIDE ALONG APPLICATION FORM**

Full Name: _____ **Date of Birth:** _____

Current Address: _____

How Long?: _____ {If less than 2 years, list previous address }

Previous Address: _____

Primary Phone Number: _____ **Alternate Phone Number:** _____

Please list the reason(s) why you are requesting to participate in the Ride-Along Program:

Date Requested: _____ **Hours Requested:** _____

*** Please attach a copy of your current Drivers License or Photo Identification Card**

SHERIFF'S OFFICE USE ONLY

CRIMINAL HISTORY INFORMATION		
TYPE	NO RECORD	RECORD ATTACHED
CCIC CRIMINAL HISTORY		
NCIC CRIMINAL HISTORY		
CCIC WARRANTS		
NCIC WARRANTS		
LOCAL RECORDS (NAMS)		
SIGNATURE:		DATE:

APPROVED

REJECTED

SUPERVISOR SIGNATURE

DATE