

**Butler County Sheriff's Office
Policies and Procedures**

Subject: Ride Along Program Application Form / Release of Liability Form	Policy Number: 4.19-1
Issue Date: 06-01-2009	Revision Date: 10-16-2018
Approval Authority: <i>R. K. Jones</i>	

RIDE ALONG PROGRAM APPLICATION FORM

All civilian personnel are required to complete the following application in order to participate in a ride along with a sworn police officer. At least two (2) forms of identification must be presented, (one with photo), with this application before any authorization is completed.

1. Full Name: _____
2. Driver's License Number and State: _____
3. Address: _____

4. Previous address: _____

5. Date of birth: _____
6. Social Security Number: _____
7. Phone number: _____
8. Place of employment: _____

9. Length of employment: _____
10. Previous employer: _____

11. Name of spouse: _____
12. Maiden name (if applicable): _____
13. Have you ever been arrested, and if so for what reason: _____

- 14. Nickname(s) used: _____
- 15. Number to call in case of emergency: _____
- 16. Current illnesses or medications: _____
- 17. Known allergies: _____
- 18. Blood type: _____

RESTRICTED LAW ENFORCEMENT DATA

This data is proprietary and shall not be duplicated, disclosed, or discussed, without the written permission of this agency. Data subject to this restriction is contained throughout this publication.

Butler County Sheriff's Office

RIDE ALONG PROGRAM RELEASE OF LIABILITY FORM

I, (full name of civilian) _____, while riding as an observing passenger in a patrol cruiser, will not hold the Butler County Sheriff's Office liable from any injury as a result of *ordinary negligence* that I might receive as a result of riding with a police officer in a police vehicle. I have been informed of the possible dangers associated with law enforcement work and understand that there are dangers involved in riding in a police vehicle for which a police officer is on patrol, issuing traffic citations, serving warrants for arrest, responding to various types of crimes or calls for service, and making physical arrests when necessary. I also agree to abide by all the rules associated with the ride along program. Rules include the following:

1. Riders will remain in the police vehicle at all times unless otherwise instructed by the Deputy with whom they are riding.
2. Riders will not communicate with anyone who is the subject of a police investigation, arrested, or otherwise involved in any police action.
3. Riders will not carry or attempt to use any type of weapon.
4. Riders will follow instructions of the officer with whom they are riding.
5. Riders have filled out a Ride Along Program Application and it is on file at the Butler County Sheriff's Office.

Signature of Rider: _____

Signature of Deputy arranging the ride along: _____

Signature of Witness: _____

Date: _____ Time: _____

If rider is under the age of eighteen (18), a parent or guardian's signature is required.

Signature of Parent or Guardian: _____

Date: _____ Time: _____