Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_ Race: \_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_\_ Hair Color: \_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_

SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL State\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Certified SC Police Officer? \_\_\_\_\_\_\_\_\_\_

Have you ridden with us before? \_\_\_\_\_\_\_\_\_ If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a disability? \_\_\_\_\_\_\_ If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a particular deputy you prefer to ride with? \_\_\_\_ Deputy’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date preferred, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Shift: \_\_\_\_\_\_\_\_\_\_ Night Shift: \_\_\_\_\_\_

What is the reason for the requested Ride-Along? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read and sign the waiver below in the presence of an ACSO employee.**

In consideration of my being permitted to ride in the motor vehicles of the Anderson County Sheriff’s Office, I hereby release and agree to hold harmless the said County of Anderson, its employees and agents, from any and all liability for any damage or injury which I may receive while accompanying Sheriff’s Office personnel from any cause whatsoever. This release of liability and agreement given by me to said County of Anderson its employees and agents shall apply to any right of action that might accrue to myself, my heirs, and my personal representatives. Further, by riding in the said County of Anderson Sheriff’s Office vehicles and in accompanying its officers, I am fully aware of and assume all risk of and on behalf of myself, my heirs, estate, successors and assigns, personal damage that may be involved which includes, but is not limited to, SEVERE PERSONAL INJURY AND DEATH. By my signature or the signature of a legal guardian or parent, I understand that the Anderson County Sheriff’s Office will conduct a criminal background check before I will be accepted into the Ride-Along Program.

***READ CAREFULLY BEFORE SIGNING.***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant or parent/legal guardian, if applicant is under the age of 18**.

Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** *This is a complete waiver and release of any and all claims that you, or anyone acting on your behalf, might have as a result of your participation in this program. The Sheriff’s Office maintains the right to refuse any request to participate in the program.*

**Ride-Along / Job Shadowing Program**

The objective of this program is to allow citizens to observe first-hand the duties and responsibilities of an Anderson County Patrol Deputy. This opportunity is open to those interested in a career in Law Enforcement (Job Shadowing), as well as citizens who simply want to get a glimpse into the daily life of those who are sworn to protect and serve our community (Ride-Along). Job Shadowing participants must be at least 16 years old to qualify for this program.

Participants must complete and sign a brief application in the presence of an Anderson County Sheriff’s Office employee. Once the applicant has cleared a background check and approval has been given, a Sheriff’s office employee will contact the applicant to arrange the date for the ride-along. (Please Note- A preferred date may be chosen on the application. This date must be ***at least two weeks*** from the date of the application.)

**Instructions for Civilian Observers**

Strict adherence to the following instructions is necessary in order to safeguard participants and to minimize the possibility of interference with normal Agency activities:

1. Persons riding in the capacity of observers are under the complete control of the officer at all times.
2. Observers shall not leave the patrol car at the scene of any police activity without first obtaining the permission of the officer.
3. Observers shall not participate in any official activity unless directly instructed by the officer.
4. Observers shall not converse with prisoners, suspects, witnesses or other parties contacted on official business unless requested by the officer.
5. Observers shall not interfere with the officer’s activities at any time. Although questions are encouraged regarding procedures and activities, they need to be asked at an appropriate time.
6. Observers shall arrive at the Sheriff’s Office 15 minutes prior to the designated starting time.
7. Any clothing that is inappropriate or detrimental to the image of the Sheriff’s Office will not be allowed. Please do not wear tank tops, shorts, concert t-shirts or shirts with crude language or advertisements. A supervisor will approve clothing prior to beginning the ride-along.
8. Recording devices, cameras or phones w/cameras will only be allowed if the observer has a legitimate need for this equipment and the prior approval of the Sheriff and or the Deputy Chief. Weapons will not be permitted.
9. If you are unable to keep your appointment, notify an on-duty supervisor as soon as possible in advance of the date and time.
10. All observers must sign a waiver of liability – NO Exceptions!
11. Officers may stop at local eating-places for their meal break. You are required to bring your own money or meal for the term of the shift.
12. The Sheriff’s Office will make every effort to accommodate the shift, date, time and officer requested. A confirmation must be obtained prior to riding, this usually requires at least 5 working days to process the application.

I have read and fully understand the instructions listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Observer

**Ride-Along / Job Shadowing Checklist**

Application processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NCIC checked and copy attached:
2. Active warrants checked:
3. Driver’s License checked and copy attached:
4. Applicant approved for Ride-Along? Yes  No

If **not approved**, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scheduled Ride-Along Particulars**

|  |  |
| --- | --- |
| **Date:** | **Time:** |
| **Shift:** | **Deputy:** |

**Date Applicant Notified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**