



# JEFFERSON COUNTY SHERIFF'S OFFICE

## Request for a Ride Along



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

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Are you a Commissioned Officer: Yes \_\_\_\_\_ No \_\_\_\_\_ Best Contact: Phone \_\_\_\_\_ Email \_\_\_\_\_

Law Enforcement Affiliation:  Jefferson College L.E.A.  Mineral Area L.E.A.

Eastern Missouri L.E.A.  Jefferson County 911  Citizens Academy  S.A.V.E

Chaplin: \_\_\_\_\_  Prosecuting Attorney

Sheriff's Approved Ride Along  Other: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

**Dates requested for ride along:** (Please allow three weeks for approval and scheduling)

1. Date: \_\_\_\_\_ Times: \_\_\_\_\_ to \_\_\_\_\_ Area: Zone \_\_\_\_\_ Spec Ops \_\_\_\_\_
2. Date: \_\_\_\_\_ Times: \_\_\_\_\_ to \_\_\_\_\_ Area: Zone \_\_\_\_\_ Spec Ops \_\_\_\_\_
3. Date: \_\_\_\_\_ Times: \_\_\_\_\_ to \_\_\_\_\_ Area: Zone \_\_\_\_\_ Spec Ops \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If the applicant is a current academy student or currently employed as a commissioned Police Officer, prior approval must be obtained by his/her chain of command.\**

Signature: Paul Funder Telephone #: (636) 481-3420

Chain of Command Approval	Yes	No	Date
Sergeant:			
Lieutenant:			
Captain:			
Lt. Colonel:			
Sheriff:			

# **JEFFERSON COUNTY SHERIFF'S OFFICE**

## **LIABILITY RELEASE**

I, \_\_\_\_\_ OF \_\_\_\_\_

IN CONSIDERATION OF BEING GRANTED TO RIDE IN A VEHICLE AND OF ACCOMPANYING AN OFFICER FOR THE PURPOSE OF OBSERVING AND BECOMING FAMILIAR WITH THE OPERATIONS OF A DEPUTY SHERIFF IN ACTUAL PERFORMANCE OF HIS/HER DUTIES, DO HEREBY RELEASE AND DISCHARGE JEFFERSON COUNTY SHERIFF'S OFFICE AND ALL THEIR OFFICERS AND EMPLOYEES FROM ALL LIABILITY TO ME, MY EMPLOYER, MY ASSIGNS, MY HEIRS, MY EXECUTORS, AND PERSONAL REPRESENTATIVES, NOW AND FOREVER, FOR ALL LOSS OR DAMAGES, IN ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY OR OTHER CASUALTY TO MYSELF OR MY PROPERTY, WHETHER BY NEGLIGENCE OR OTHERWISE, DURING SUCH TIME THAT I MAY BE IN AN AUTOMOBILE OR OTHER VEHICLE OF THE JEFFERSON COUNTY SHERIFF'S OFFICE FOR THE ABOVE MENTIONED PURPOSE, WHILE SAID OFFICER IS OFFICIALLY DISCHARGING HIS/HER DUTIES.

I FURTHER ASSUME ALL RISK OF DEATH, INJURY, LOSS, OR DAMAGE TO MY PERSON OR PROPERTY, WHETHER DUE TO NEGLIGENCE OR OTHERWISE, AND NEITHER MYSELF NOR ANY OF MY REPRESENTATIVES SHALL HAVE ANY RIGHT OR CLAIM AGAINST THE JEFFERSON COUNTY SHERIFF'S OFFICE, THEIR OFFICERS OR EMPLOYEES, IN RESPECT OF OR ARISING OUT OF ANY SUCH DEATH, INJURY, LOSS, OR DAMAGE.

I FURTHER HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS JEFFERSON COUNTY SHERIFF'S OFFICE, AND ALL OF THEIR OFFICERS AND EMPLOYEES ON ACCOUNT OF ANY DEPARTMENT, EXPENSE, CLAIM, OBLIGATION, OR ANY SUM OF MONEY BY REASON OF ANY INJURY TO ME OR DAMAGE TO MY PROPERTY, WHETHER BY NEGLIGENCE OR OTHERWISE, WHILE I MAY BE IN A JEFFERSON COUNTY SHERIFF'S OFFICE AUTOMOBILE OR OTHER VEHICLE OR IN THE COMPANY OF A JEFFERSON COUNTY SHERIFF'S DEPUTY, WHILE SAID OFFICER IS OFFICIALLY DISCHARGING HIS/HER DUTIES.

### **PERMISSION FOR BACKGROUND CHECK**

I AGREE TO PERMIT THE JEFFERSON COUNTY SHERIFF'S OFFICE TO RUN A BACKGROUND CHECK FOR THE PURPOSE OF THIS REQUEST FOR A RIDE-A-LONG TO INCLUDE A CRIMINAL RECORDS CHECK.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS (IF UNDER 21, PARENT OR GUARDIAN)

\_\_\_\_\_  
DATE

Ride along completed: **YES** **NO**      Date Completed: \_\_\_\_\_      Number of hours: \_\_\_\_\_

\_\_\_\_\_  
ON DUTY SUPERVISOR

\_\_\_\_\_  
DATE