

**ST. JOHNS COUNTY SHERIFF'S OFFICE
RIDE ALONG PROGRAM BACKGROUND CHECK**

TO: LENF STAFF SPECIALIST

Please provide a background check for PATROL on the following individual who has requested to participate in the St. Johns County Sheriff's Office Ride Along Program. Participants shall be required to sign-up prior to requested ride to allow time for a criminal records check and review by the intelligence detective.

NAME: _____

ADDRESS: _____ PHONE: _____

ALIAS OR MAIDEN NAME: _____

EMAIL ADDRESS: _____

DOB: _____ SS#: _____ RACE: _____ SEX: _____

HGT: _____ WGT: _____ HAIR: _____ EYE: _____

DL#: _____ STATE: _____

ZONE REQUESTED: _____ DEPUTY: _____

Briefly describe why you want to ride with SJSO. _____

I, _____ of _____ County, _____ State for and in consideration of the St. Johns County Sheriff's Office allowing me to participate in the ride along program, do hereby agree to allow the St. Johns County Sheriff's Office to complete a background check to include criminal history.

Signature: _____ Date: _____

STATE OF FLORIDA, COUNTY OF ST. JOHNS (**Please have this section notarized before submitting.**)

The foregoing instrument was acknowledged before me this _____ (date) by _____ (name of person acknowledging), who is personally known to me or who has produced _____ (type of identification) as identification and who (did)(did not) take an oath.

_____ Signature of person taking acknowledgment

_____ Printed name of person taking acknowledgment

_____ Title or Rank _____ Serial #

THIS SECTION TO BE COMPLETED BY SJSO STAFF:

SEARCH CONDUCTED BY : _____ DATE: _____ TIME: _____

NO RECORD FOUND: _____ APPROVED: _____ NOT APPROVED: _____

RECORD FOUND: _____ (SEE ATTACHED INFORMATION)

ST. JOHNS COUNTY SHERIFF'S OFFICE

RELEASE AND WAIVER

FORWARD TO THE LENF STAFF SPECIALIST DL OR ID# _____ STATE _____

THIS FORM MUST BE COMPLETED EACH TIME A PERSON PARTICIPATES IN THE RIDE ALONG PROGRAM

I, _____ of _____ County, State _____ for and in consideration of the St. Johns County Sheriff's Office allowing me to participate in a Training Program do hereby agree as follows:

1. I acknowledge and understand that in participating in this ride along program I am exposing myself to all those risks usually associated with Law Enforcement activity and that I expressly assume such a risk.
2. I further understand that while participating in this program that I may be assigned to one or more Deputy Sheriff's and I further agree that at all times I will obey any commands of those Deputy Sheriff's or their supervisors.
3. I further do hereby for myself, my heirs, Executors and Administrators remise, release and forever discharge St. Johns County Sheriff's Office and its agents, employees of and from all manner of action and actions, cause of actions, suits, debts, claims, damages or injuries, whatsoever in law or equity which I might have against the St. Johns County Sheriff's Office, its agents, deputies and appointees by reason of any cause or thing whatever.
4. I further understand that pregnant females are prohibited from riding. By my signature on this release and waiver form, I am providing notice to the St Johns County Sheriff's Office that I am not a pregnant female.

****Criminal Justice Information Services (CJIS) Security Policy**

SJSO must adhere to CJIS security policies of lawful and appropriate protection of Criminal Justice Information. All information retrieved through CJIS is confidential. The observer **will not** be granted access to the system.

I, _____ will regard all information obtained from CJIS by the Deputy I am assigned to, as confidential. In doing so, it is understood that I **will not** repeat or discuss this information with anyone, other than the assigned Deputy.

Signature _____

STATE OF FLORIDA

COUNTY OF

The foregoing Instrument was acknowledged before me this _____ (Date)

By _____ (Name of Person Acknowledging), who is personally known to me or who has produced _____ (Type of Identification) as identification and (Who Did)(Did Not) take an oath

_____ (Signature of person taking acknowledgement)

_____ (Name of acknowledger)

_____ (Title or Rank)

_____ (Serial Number, if any)

Ride Along Comment Form

We at SJSO hope you have learned during your Ride Along experience. Further, we encourage you to use this form to make us aware of any outstanding observations you have made, and/or suggestions you have with regard to the SJSO Ride Along program.

(Optional) Participant's Name _____

Address _____ PX Number _____

Date of Ride Along _____

Ride Along Deputy Name _____ ID _____

SL Name _____ ID _____

District Commander _____

Action required YES NO

If yes, date action completed _____

FILE Date _____