

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

Please allow two weeks for a criminal records check to be conducted by SJSO Intelligence Unit. If you have not been contacted at the end of the two week period please contact the LENF Assistant at 209-1523.

Ride Along Request may be submitted in person to SJSO or by email to: akasting@sjsso.org.

NAME: \_\_\_\_\_

ALIAS OR MAIDEN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

DL#: \_\_\_\_\_ STATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL MEDIA NAMES: FACEBOOK: \_\_\_\_\_ TWITTER: \_\_\_\_\_

SNAPCHAT: \_\_\_\_\_ INSTAGRAM: \_\_\_\_\_

AREA REQUESTED: \_\_\_\_\_ DEPUTY: \_\_\_\_\_

Have you applied for employment with SJSO? \_\_\_\_\_

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: \_\_\_\_\_

<p><b><u>THIS SECTION TO BE COMPLETED BY SJSO INTELLIGENCE UNIT:</u></b></p> <p>SEARCH CONDUCTED BY: _____ DATE: _____</p> <p>NO RECORD FOUND: _____</p> <p>RECORD FOUND: _____ (SEE ATTACHED INFORMATION)</p>
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<p><b><u>THIS SECTION TO BE COMPLETED BY LENF DIRECTOR:</u></b></p> <p>APPROVED: _____ NOT APPROVED: _____</p> <p>DATE: _____</p>
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