

**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: _____

THIS SECTION TO BE COMPLETED BY SJSO INTELLIGENCE UNIT:

SEARCH CONDUCTED BY : _____ DATE: _____

NO RECORD FOUND: _____

RECORD FOUND: _____ (SEE ATTACHED INFORMATION)

THIS SECTION TO BE COMPLETED BY LENF DIRECTOR:

APPROVED: _____ NOT APPROVED: _____

DATE: _____