

## EL PASO COUNTY SHERIFF'S OFFICE RIDE ALONG PROGRAM APPLICATION

PRINT NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER			DATE				
STREET ADDRESS		CITY		STATE	ZIP CODE		RESIDENCE PHONE		
DRIVERS LICENSE NUMBER	STATE OF DRIVERS LICENSE	SEX	RACE	AGE	DATE OF BIRTH	HT	WT	HAIR	EYES
E-MAIL ADDRESS		CURRENTLY ATTENDING EL PASO COUNTY SHERIFF'S OFFICE CITIZEN'S ACADEMY? <input type="checkbox"/> YES <input type="checkbox"/> NO							
OCCUPATION		NAME OF EMPLOYER/SCHOOL				BUSINESS PHONE			
DO YOU HAVE ANY PAST ARRESTS OR PENDING COURT CASES? <input type="checkbox"/> YES <input type="checkbox"/> NO    LIST DATE, AGENCY, CHARGE, AND DISPOSITION. ATTACH ADDITIONAL SHEETS IF NECESSARY.									
WHY DO YOU WANT TO PARTICIPATE ON A RIDE ALONG? WHO RECOMMENDED THAT YOU PARTICIPATE? (EXAMPLE: POLICE OFFICER, SCHOOL INSTRUCTOR, SELF, ETC.)									
DO YOU HAVE ANY PHYSICAL LIMITATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO HIGH BLOOD PRESSURE    HEART CONDITION    NERVOUS OR MENTAL CONDITION    OTHER (LIST)									
LIST PREVIOUS PARTICIPATION IN ANY RIDE ALONG PROGRAM. INCLUDE THE AGENCY AND DATE PARTICIPATED.									

**REQUESTED DAY / SHIFT OF PARTICIPATION - CHECK AS MANY AS PRACTICAL.**

SHIFT	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DAY							
SWING / MID							
MIDNIGHTS							

### EMERGENCY INFORMATION

EMERGENCY CONTACT NAME	EMERGENCY CONTACT ADDRESS	EMERGENCY CONTACT NUMBER
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### BACKGROUND AUTHORIZATION

I understand that a criminal check and a warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the State of Colorado to release to the El Paso County Sheriff's Office any and all information which said agencies or any of them have about me, for the limited purpose of aiding the El Paso County Sheriff's Office in evaluating my eligibility for participation in the Ride Along Program. This release extends to any and all information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies and I further understand that these reports are privileged. I hereby release, discharge, and agree to hold harmless the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

**\*\*\*\*\* READ THIS DOCUMENT COMPLETELY BEFORE SIGNING \*\*\*\*\***

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR CADETS UNDER THE AGE OF EIGHTEEN (18) YEARS WHO WISH TO PARTICIPATE.

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

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**\*\*\*\*\*BE SURE TO FILL THIS FORM OUT COMPLETELY\*\*\*\*\***

FOR DEPARTMENTAL USE ONLY

DATE/TIME TO RIDE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

DEPUTY(S): \_\_\_\_\_