



### **RIDE-ALONG PARTICIPANT INFORMATION SHEET**

1. All applicants for participation in this program must be at least 18 years of age or have the waiver form countersigned by a legal parent or guardian. Persons under 14 years of age may not participate without the express permission of the Undersheriff.
2. Anyone wishing to participate in this program must complete an application and present valid photo identification upon turning the application in to the Douglas County Sheriff's Office.
3. The review of all applications will include a record check with the State and Local criminal histories, and NCIC inquiry. An applicant who has a felony record or a misdemeanor record which involves moral turpitude or dishonesty may be excluded from participation in this program.
4. Once approved, participants shall be notified of their ride-along date and time.
5. Participants should arrive at the Douglas County Sheriff's Office at least 15 minutes prior to their scheduled ride-along. If the participant is not present at this time, the Sheriff's Office reserves the right to cancel the ride-along rather than delay the officer from going on duty while necessary forms are completed.
6. Participants will fully review the release and indemnification form with a superior officer.
7. Once this form is signed, the participant will be issued a ride-along participant identification card, which will be worn on the outermost clothing during the entire ride-along. This identification card shall be turned into a supervising officer at the Sheriff's Office at the end of the ride-along.

8. Participants shall play no active role in the law enforcement function. They must only act as an observer unless otherwise directed by their host officer.
9. Participants shall not be allowed to operate any police equipment unless directed to do so by a Sheriff's Deputy in an extreme emergency.
10. Participants must remain in the police vehicle at all times, until directed otherwise by the host officer.
11. Participants must not speak to victims, witnesses, prisoners or other persons associated with a law enforcement event. Should a witness, prisoner, victim or other person speak to the participant, the participant should politely direct the person to speak to one of the officers present.
12. Participants are encouraged to ask questions of the host officer; however, such questions should be asked after the police event has been resolved, so as not to interfere with the police operation.
13. Participants shall not bring cameras or any recording devices without the express written permission of the officer of the Sheriff.
14. Participants shall not enter any person's home while participating in the ride-along unless the host officer has asked and has been granted express permission from the homeowner/occupant to allow the ride-along participant entry.
15. Participants shall follow the instructions of the host officer at all times during the ride-along.
16. Participants shall not be allowed to carry any firearm or other weapon, even when otherwise authorized by law, while participating in the ride-along program.
17. Participants should be dressed in comfortable, casual but conservative clothing during the ride-along. (Pants and shirt/jacket for men, Pants and blouse/jacket for women.) Participants who are inappropriately dressed, as determined by the supervising officer, shall not be allowed to participate in the program on the assigned date.
18. Participants shall only be allowed to participate in this program once every 12 months, unless given written authorization from the Sheriff.

**Douglas County Sheriff's Office**  
Ride-Along Application

\_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Physical Address (Street, City, State, Zip)

\_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Age \_\_\_\_\_  
Sex \_\_\_\_\_  
Social Security Number

To your knowledge, do you have any physical impairment: Yes No  
If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

In case of emergency, please notify:  
\_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Relationship

\_\_\_\_\_  
Physical Address (Street, City, State, Zip)

\_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell or Work Phone

Please explain why you are requesting to ride-along with the Sheriff's Office?

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**Douglas County Sheriff's Office Use Only**

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Criminal Record Check conducted by: \_\_\_\_\_

Date and time of scheduled ride: \_\_\_\_\_

Host Officer: \_\_\_\_\_

Name (Print)

Location/Shift

Host Officer Signature: \_\_\_\_\_

Shift Supervisor: \_\_\_\_\_

Approved by Division Commander:

\_\_\_\_\_

\_\_\_\_\_

Name (Print)

Signature

**Prior to ride-along, all paperwork must be completed, signed, approved and turned into the Division Commander's Office.**