Greene County Sheriff's Office

1010 Boonville * Springfield, Mo 65802
Phone: (417) 868-4040 * Fax (417) 868-4830

APPLICATION FOR RIDE ALONG PROGRAM

APPLICANT/PARTICIPANT: PRINT NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	DATE

STREET ADDRESS	CITY STATE ZIP CODE	RESIDENCE PHONE

DRIVERS LICENSE NUMBER	SEX	RACE	AGE	DATE OF BIRTH	HT	WT	HAIR	EYES

OCCUPATION	NAME AND ADDRESS OF EMPLOYER/SCHOOL	BUSINESS PHONE

EMERGENCY CONTACT NAME	EMERGENCY CONTACT ADDRESS	EMERGENCY CONTACT PHONE

REQUEST TYPE:

____CITIZEN INITIATED *(4 HOUR MAXIMUM RIDE TIME, ONCE PER CALENDAR YEAR)*

____ DEPARTMENT INITIATED *(L.E., MEDIA, INTERN, VOLUNTEER, RESERVE, EMPLOYEE, OFFICIAL)* NAME OF INITIATING DEPUTY _____

____DEPUTY INITIATED *(L.E., RELATIVE, ACQUAINTANCE)* RELATIONSHIP_____ NAME OF INITIATING DEPUTY _____

DATE / TIME RIDE ALONG REQUESTED.

DATE REQUESTED _____/_____/_____ START TIME REQUESTED _____:_____ ____AM ____PM

DO YOU HAVE ANY PAST ARRESTS, CONVICTIONS OR PENDING COURT CASES, FELONY OR MISDEMEANOR? ____YES ____NO IF YES, LIST DATE, AGENCY, CHARGE, AND DISPOSITION. ATTACH ADDITIONAL SHEETS IF NECESSARY.

ARE YOU A UNITED STATES CITIZEN? ____YES ____NO

DO YOU HAVE ANY PHYSICAL LIMITATIONS SUCH AS HIGH BLOOD PRESSURE, HEART CONDITION, NERVOUS CONDITION, MENTAL DISORDER, AN INABILITY TO RUN, BEND, DUCK, SQUAT, CRAWL ,CLIMB OR COMMUNICATE? ____YES ____NO IF YES, PLEASE EXPLAIN:

LIST PREVIOUS PARTICIPATION IN ANY RIDE ALONG PROGRAM. INCLUDE THE AGENCY NAME AND DATE PARTICIPATED.

WHY DO YOU WANT TO PARTICIPATE ON A RIDE ALONG WITH THE GREENE COUNTY SHERIFF'S OFFICE? **PLEASE INCLUDE THE NAMES OF THOSE PERSONS, OFFICERS, AGENCIES OR INSTITUTIONS WHO RECOMMENDED THIS RIDE ALONG. ALSO INCLUDE WHAT YOU HOPE TO GAIN OR LEARN FROM THIS EXPERIENCE.*

MUST BE SIGNED UPON SUBMISSION IN THE PRESENCE OF A GREENE COUNTY SHERIFF'S EMPLOYEE (WITNESS)

I ACKNOWLEDGE WITH MY SIGNATURE THAT I HAVE PROVIDED TRUE AND FACTUAL INFORMATION WITHIN THIS APPLICATION. I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME WILL BE UTILIZED TO CONDUCT A BACKGROUND INVESTIGATION PRIOR TO MY PARTICIPATION IN THIS PROGRAM. I FURTHER ATTEST THAT I HAVE READ, SIGNED AND UNDERSTAND THE GREENE COUNTY SHERIFF'S RULES AND REQUIREMENTS (ATTACHED/PAGES 3-4) FOR PARTICIPATION IN THIS RIDE ALONG PROGRAM AND AGREE TO COMPLY WITH ALL DIRECTIVES AS A CONDITION OF MY PARTICIPATION.

APPLICANT SIGNATURE _____ DATE_____

WITNESS (GCSO EMPLOYEE) SIGNATURE_____ DATE_____

WITNESS (GCSO EMPLOYEE) PRINTED NAME_____

RIDE ALONG APPLICATIONS MUST BE SUBMITTED TO THE GREENE COUNTY SHERIFF'S RECORDS DIVISION LOCATED AT 1000 N. BOONVILLE AVE. IN SPRINGFIELD. APPLICATIONS ARE TAKEN BETWEEN THE HOURS OF 8AM TO 5PM, MONDAY THRU FRIDAY. APPLICATIONS MUST BE SUBMITTED ATLEAST 14 DAYS PRIOR TO YOUR REQUESTED RIDE ALONG. PLEASE PROVIDE THE RECORDS / SHERIFF'S STAFF WITH A VALID STATE OR GOVERNMENT IDENTIFICATION UPON SUBMISSION OF YOUR APPLICATION. RIDE ALONG DATES ARE LIMITED AND WILL BE GRANTED ON A FIRST COME FIRST SERVE BASIS TO THOSE WHO ARE ELIGIBLE. RIDE ALONGS ARE LIMITED TO ONE PER CALENDAR YEAR PER APPLICANT. YOU WILL BE CONTACTED AFTER APPLICATION PROCESSING.

APPLICANT PRINT NAME (LAST, FIRST, MIDDLE)	DATE

GREENE COUNTY SHERIFF'S OFFICE USE ONLY

GCSO EMPLOYEE RECEIVING APPLICATION _____ DATE RECEIVED_____ TIME RECEIVED_____

APPLICANT IDENTIFICATION VERIFIED: (ATTACH PHOTO COPY)	IDENTIFICATION TYPE
____YES ____NO	

RECORDS SECTION

RECORDS CHECK CONDUCTED: ____MULES/NCIC ____LOCALS/IN HOUSE ____CAD/DISPATCH ____DOR ____OTHER_____

COMMENTS:_____

CONDUCTED BY_____ DATE_____ TIME_____

APPLICATION WITH HISTORY SUBMITTED TO DIVISION CAPTAIN WHERE RIDE-ALONG IS REQUESTED BY: INITIAL_____ DATE_____

ADMINISTRATIVE SECTION REVIEW

DIVISION CAPTAIN	MAJOR	SHERIFF
APPLICANT APPROVED ____YES ____NO	APPLICANT APPROVED ____YES ____NO	APPLICANT APPROVED ____YES ____NO

DIVISION CAPTAIN

APPLICANT NOTIFIED BY _____ DATE_____ METHOD: ____PHONE ____MAIL ____IN PERSON

IF APPROVED, SCHEDULED: RIDE ALONG DATE_____ START TIME_____ DURATION_____ DEPUTY_____

HOST DEPUTY REPORT

HOST DEPUTY NAME _____ RADIO / DSN_____

DEPUTY CONDUCTED SAFETY BRIEFING	APPLICANT ID VERIFIED	APPLICANT APPEARANCE SATISFACTORY
____YES ____NO APPLICANT INITIALS_____	____YES ____NO	____YES ____NO COMMENTS:_____ _____

RIDE ALONG: START DATE _____ START TIME_____ END DATE_____ END TIME _____

PARTICIPANT REVIEW:

SHOULD APPLICANT BE PERMITTED TO PARTICPATE IN FUTURE RIDE ALONGS? ____YES ____NO

REASON / COMMENTS:_____

_____

PARTICIPANT POST RIDE FEEDBACK

WHILE THIS IS STRICTLY VOLUNTARY WE APPRECIATE ANY FEEDBACK THAT YOU HAVE TO OFFER. IF YOU ARE NOT COMFORTABLE LEAVING YOUR COMMENTS WITH THE HOST DEPUTY YOU MAY ALSO CONTACT THE SHERIFF'S OFFICE AT WWW.GREENECOUNTYMO.ORG/SHERIFF OR BY CALLING 417-868-4040. THANK YOU FOR YOUR PARTICIPATION IN OUR PROGRAM. COMMENTS:

ROUTING

_____ DIVISION CAPTAIN FINAL REVIEW **_____ COMPLETED ORIGINAL RIDE-ALONG PACKET DELIVERED TO ADMIN**

APPLICANT PRINT NAME (LAST, FIRST, MIDDLE)	DATE

RULES AND REQUIREMENTS

1. Promptly and Quickly obey all commands of all Greene County Sheriff's Deputies, the Sheriff, or other law enforcement officers.

2. Applicants must read and sign the application and release in its entirety, 14 days prior to the requested date of the ride-along, and in the presence of a Greene County Sheriff's Department employee.

3. The applicant must show a photo identification to a Greene County Sheriff's Department employee that is issued by a state or federal government agency at the time they sign the application and release.

4. The participant is required to prominently display an issued ID card at all times while participating in the ride-along program. The ID card will be maintained at the Sheriff's Department at all times while not being used. The participant is not to keep the ID.

5. Participants are normally allowed to ride one time during a calendar year, up to and not to exceed four hours. Exceptions to this are as follows: Department and Deputy Initiated Ride Along (News Media, law enforcement officers from other jurisdictions, county employees, relatives or personal acquaintances of Sheriff's employees, participants in an internship program with the Greene County Sheriff's Office, Sheriff's Volunteers or Reserves, public officials or other institutional members approved by the Sheriff) Regardless of any exceptions, each ride-along event must be approved and an application and release must be completed.

6. The participant must be in good physical health and have the ability to run, bend, duck, squat, crawl climb and communicate.

7. Whenever possible, female participants will ride with female deputies, male participants will ride with male deputies. Staffing will dictate the availability to pair deputies and citizens in this manner.

8. Participants shall not record or video while participating in the ride-along program. Further, participants shall not bring with them any equipment that may be used to record audio or video in any form. Cellular telephones must remain silent and may only be utilized when expressly permitted by the host deputy or in case of emergency. (This rule does not apply to news media personnel.)

9. Participants must submit to a search of their person and/or any belongings brought with them at any time during the ride-along event if such a request is made by any Greene County Sheriff's Deputy or the Sheriff.

10. Participants shall not have any weapons with them or in their possession. (Law enforcement officers from other jurisdictions may at the discretion of the shift supervisor be permitted to carry their firearm. If such permission is granted the weapon must be completely concealed. Greene County commissioned officers from other divisions will be allowed to carry weapons.)

11. Participants shall have their seat belt properly secured at all times while the vehicle they are riding in is in motion.

12. Participants shall not use the radio except in cases of extreme emergency when the deputy is not able to. (Greene County Commissioned officers or dispatchers may use the radio at the discretion of the host deputy.)

Applicant: Sign if Read and Understood_____ Date_____

APPLICANT PRINT NAME (LAST, FIRST, MIDDLE)	DATE

RULES AND REQUIREMENTS - CONTINUED

13. Dress Code - *Permitted*:
Casual slacks - Neat denim jeans - Shirts with a collar -Shoes should be clean and comfortable with a non-slip type of sole. Appropriate protective clothing should be brought by the participant for applicable weather conditions. Non-logo sweaters, jackets, and coats are permitted.
Dress Code - *Prohibited*:
Dresses - Skirts - Low cut or revealing pants - Loose baggy pants - Military or Tactical pants - Tshirts - Shorts - Sweatpants - Jogging Suits – High heel shoes - Any article of clothing displaying offensive logos - Any article of clothing that is torn, has holes or reveals any areas of the body that should be covered - Any other item or article that may compromise the integrity and professionalism of the sheriff's office or offend a reasonable person. All tattoos must be completely covered. The shift supervisor will make the final determination as to whether a participant's dress is acceptable.

14. Participants shall not identify themselves as law enforcement officers, either visually or verbally. (Outside jurisdiction Law Enforcement Officer participants may in the case of an emergency identify themselves as law enforcement.)

15. Participants shall not become directly involved in any law enforcement activity unless specifically requested to do so by a deputy or other law enforcement officer, or in cases of extreme emergency, at their own discretion. Participants should not communicate with suspects, victims, or witnesses in any manner unless directed to do so by the host deputy. Violating this rule may compromise a criminal case and will not be tolerated.

16. The host deputy will notify dispatch that they have a civilian rider prior to going in service.

17. The host deputy will determine when it is acceptable for the participant to exit the vehicle, prior to the participant exiting the vehicle. (i.e. on traffic stops or calls for service)

18. The host deputy may suspend a ride-along event at any time and return the participant to the Sheriff's Office.

19. Participants will not be permitted to enter onto private property or other areas where a citizen has a reasonable expectation of privacy without the explicit consent of the citizen. Participants will not be allowed to participate in any search warrant.

20. Participants will not be allowed to freely discuss observed items that are of a confidential nature outside of the Sheriff's Office.

21. Any participant who is injured or ill no matter how slight, shall immediately notify their host deputy of such.

22. Participants shall report to the front desk at 1000 Boonville ten minutes prior to the beginning of the time they have been approved to ride-along. Participants will normally be expected to ride the entire scheduled ride shift (Citizen Initiated Participants 4 hour max) in order to cause as little inconvenience as possible. Exceptions will be evaluated on a case by case basis.

Applicant: Sign if Read and Understood_____ Date_____

APPLICANT PRINT NAME (LAST, FIRST, MIDDLE)	DATE

RELEASE / WAIVER

I acknowledge that I have requested permission from the Greene County Sheriff's Office to accompany Greene County Deputies and/or the Sheriff, in the performance of their duties both in Sheriff's Department vehicles and outside such vehicles. I am aware of the various dangers involved in police work, and aware that Sheriff's Department vehicles are frequently operated under emergency conditions. I am also aware that accompanying deputies and/or the Sheriff in performance of their duties may frequently expose me to various and sundry perils to life and limb due to the actions of criminal suspects, prisoners, and other such persons.

Being fully aware of the inherent dangers in the activities in which I propose to engage, I the undersigned, for himself, his personal representatives, heirs and next of kin do hereby release, remise, give up, and abandon each and every claim, cause of action, or other right, which I may now or hereafter have against the county of Greene in the state of Missouri, the Greene County Sheriff's Office, or any deputy, agent, employee, or servant thereof, or any department, bureau, division, section, unit or elected officer of said county, resulting or to result from my accompanying of Greene County Deputies and/or the Sheriff in the performance of their official duties, whether in a Sheriff's Department vehicle or in any other situation. This release is given in consideration of my being allowed to accompany Greene County Deputies and/or the Sheriff in performance of their official duties.

Further, I have read and agree to abide by all rules for the ride-along program, and I shall promptly and expeditiously obey all orders of all Greene County Deputies and/or the Sheriff.

Further, I declare that I have never been arrested for, charged with, or convicted of a felony, and I do not have any case pending involving a serious misdemeanor or a felony. I also authorize the Greene County Sheriff's Department to perform a background check, including a criminal history and motor vehicle check to verify that all statements given in this application and release are in fact true.

I certify that I have fully read and that I understand the provisions of this release which is executed this _____ day of _____, _____.
Month Year

Applicant Signature_____

Witness (GCSO Employee) Signature_____ Date_____

Witness (GCSO Employee) Printed Name _____