



Leon County Sheriff's Office

Ride Along Program Participation Application

Please complete the information below in its entirety. Incomplete applications will not be considered.

Legal Name: Last, Mid, First				
Street Address:				
City:		State:		Zip:
Email:				
Phone Number:		Alt Phone:		
Driver's License No.			Issued State:	
Gender:		Race:	Date of Birth:	
Affiliated School:			Course:	
Purpose:				
Requested Ride-Along Date:		Time:		
Alternate Date:		Time:		
Have you participated in a previous Ride-Along?	Yes	No	Date:	

Please Do Not Complete Anything Below This Line | Official Use Only

Application Packet Requirements

☐ Completed Application ☐ Release of Liability ☐ Background Waiver

Approved for participation: ☐ Yes ☐ No ☐ Further Review

Scheduled Date/Time for Ride-Along: _____

Duty Office Section | Official Use Only

Deputy Assigned: _____ Deputy Badge Number: _____

Rider Completed Ride-Along ☐ Yes ☐ No

Notes: _____



Leon County Sheriff's Office

Ride Along Program Participation Application

The Leon County Sheriff's Office encourages community interest and involvement in the law enforcement process and allows citizens to ride as observers in Sheriff's Office patrol vehicles. Persons wishing to ride as observers must follow the protocol established below to ensure their safety and the safety of our deputies. Observers must be at least 18 years of age to participate (except for LCSO Explorers).

If you are interested in participating as an observer, please submit your **completed** application via email to LCSO.RideAlong@leoncountyfl.gov or in person. After completing the Ride-Along Application and the notarized FDLE Background Waiver, submit the application packet, notarized background waiver no less than **ten business days** before your desired ride-along date. A comprehensive background check will be conducted.

After background processing, prospective participants will be emailed instructions to complete a Security Awareness course of the CJI (Criminal Justice Information) you will be exposed to while in the vehicle with the Deputy. This course can be completed from any computer, tablet, or device with a connection to the internet. Once the course is completed and the prospective participant is approved, the Ride-Along Coordinator will schedule your ride-along.

Anyone requesting a ride-along affiliated with a media outlet needs to contact the LCSO Public Information Officer at (850) 606-3270. However, the same process will apply to members of the media.

Ride Along Requirements

- Be at least 18 years of age (except LCSO Explorers) **and**
- Pass a background/criminal history check **and**
- Complete the Criminal Justice Information Services (CJIS) Security Awareness Training.

Ride Along Disqualifications

- Subject of an active criminal investigation or prosecution.
- Convicted of a felony.
- Convicted of a misdemeanor involving perjury or a false statement.
- Charged with a felony in the past five years.
- Previously Baker-Acted.
- Show up emitting an odor of an alcoholic beverage or appearing to be under the influence of controlled substances.



Leon County Sheriff's Office

Ride Along Program Participation Application

Day of Your Ride Along:

- Come dressed in pants, closed-toe shoes, and a comfortable shirt. Not permitted attire includes shorts, tee-shirts, flip flops, heels, ripped jeans, or overly revealing clothing.
- Arrive at the Leon County Sheriff's Office Administrative Building located at 2825 Major James Morgan, Jr. Way (formerly Municipal Way) **30 minutes** before your scheduled ride.
- Have your driver's license or government issued identification card.

Arrival Time	Ride Time
*6:30 AM	7:00 AM
*5:30 PM	6:00 PM

Riding with a Deputy Sheriff

- You will be prohibited from assisting in criminal interrogations, chasing fleeing subjects, or physical confrontations involving arrests.
- You will not exit the vehicle except upon specific instructions from the deputy with whom you are riding.
- You must not carry firearms, regardless of weapons permit possession. Exemptions include sworn law enforcement officers with jurisdiction in Leon County after notification and approval by the Watch Commander.

*During these arrival times, the LCSO main lobby will be closed. Please be advised that you must click on the buzzer to the left of the main entry door. Someone will be out shortly to welcome you.

**Please direct any questions about ride-alongs to (850) 606-3300 or
LCSO.RideAlong@leoncountyfl.gov**



Florida Department of
Law Enforcement

**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



**CJSTC
58**

To: Concerned Person or Authorized
Representative of Any Organization,
Institution or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Leon County Sheriff's Office

2825 Major James Morgan, Jr. Way, Tallahassee, FL 32304

ADDRESS:

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature _____

_____ Date

Applicant's Address _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐ this _____

day of _____, year _____, By _____

Signature of Notary Public – State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____



Leon County Sheriff's Office

Citizen Ride-Along Release of Liability

RULES AND REGULATIONS RELEASE OF LIABILITY, WAIVER AND INDEMNIFICATIONS

I, _____ of
Participant/Observer's Name

Street Address City State Zip

DOB DL Number Cell Phone# Emergency Contact Phone

of lawful age, for and in consideration of the privilege and benefits to be derived from riding in a patrol vehicle of the LEON COUNTY SHERIFF'S OFFICE during actual working hours, do agree to the following rules and regulations of participation in the Sheriff's Ride-along Program, and by my signature hereto I agree and acknowledge that I have read, understand and am willing to comply with the rules and that I have knowingly and willingly executed this document for the further express purpose of releasing the LEON COUNTY SHERIFF'S OFFICE, SHERIFF WALT MCNEIL, his deputies, officers, agents, employees and representatives, and the County of Leon County, Florida (referred to collectively hereafter as the "Releasees" and their successors, heirs, administrators or executors), from liability in connection herewith.

- 1) I acknowledge and understand that by participating in the program, I am exposing myself to all risks and hazards normally associated with law enforcement activity (such as, but not limited to, responding to emergency criminal and non-criminal situations), and I expressly assume all such risks.
- 2) I understand that a Deputy Sheriff Supervisor will designate the Deputy Sheriff(s) with whom I will ride, and that the Deputy Sheriff Supervisor or their superiors may terminate my ride-along at any time, if in their opinion, my continued participation presents an undue risk or that my conduct or deportment is such that continued participation is not in the best interest of the Sheriff's Office. While participating in the ride-along I will be assigned to one or more Sheriff's Deputies and I agree that I will, at all times, follow the instructions and obey commands issued by these deputies or their superiors.
- 3) I understand that I am prohibited from carrying, during the ride-along, any flashlight, camera, radio of any type, tape recorder or player, binoculars, or any similar device unless authorized by the Supervisor. I understand that I am not permitted to carry any weapons, concealed or otherwise, or restraining devices of any kind, unless I am a sworn law enforcement official of the State of Florida or I am a Federal officer, in which case I shall specifically disclose such to the Supervisor and obtain specific permission to carry any such weaponry or devices.
- 4) I understand that I am an observer, I will not exit the patrol vehicle during any law enforcement activity unless directed to do so by a Deputy Sheriff. I will refrain from direct involvement in law enforcement functions or conversation with violators, suspects, arrestees, witnesses, or complainants, or other members of the public encountered during the performance of the official duties of the Sheriff's Deputy with whom I am riding. I understand that it may be necessary to temporarily interrupt or discontinue my ride-along during hazardous or unusual circumstances and I will immediately comply with the request and directions of the Deputy Sheriff with whom I am riding in the event of such circumstances.



Leon County Sheriff's Office

Citizen Ride-Along Release of Liability

- 5) I understand that during the course of the ride-along I may be exposed to privileged information. I agree and affirm I will not divulge any privileged information to which I may become exposed. I will be present in areas where Criminal Justice Information (CJI) may be seen. I realize this information is sensitive in nature and because I have no responsibility or authority for handling CJI, I will not access, use, view, copy, disseminate, or disclose (in writing or in conversation) CJI to anyone. CJI refers to state and federal criminal justice data, which may include case/incident information, identity information (including fingerprints and other forms of biometric data), and property (such as vehicle or firearm) data.
- 6) During the ride-along, I understand that I must at all times be clean and neatly dressed, and where questions arise pertaining to the suitability of my attire, the final decision will be made by the Supervisor or other superior officer. If I am issued an observer's/ride-along participants clip-on identification card designed to be worn upon my person, I will wear such in full view on the outside of my clothing, and I will return the identification card to the Deputy Sheriff with whom I ride, or the Supervisor, at the conclusion of the ride.
- 7) On behalf of myself, my heirs, executors and assigns, I do hereby waive and personally assume any and all risks and liability for damages, losses, personal injuries or death which I might suffer, sustain, or cause while participating in the ride-along program, and do hereby release and forever discharge the Releasees from any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which I have or may hereafter acquire against the Releasees, as a result of my voluntary participation in the ride-along program, and I hereby hold harmless and agree to indemnify Releasees for all damages, attorney fees and cost which may be incurred in defending any such demands, claims, actions and the like.

RIDE-ALONG PARTICIPANT/OBSERVER:

(or Parent/Guardian of participant/observer if under the age of 18)

Signature

Printed Name

Date

Please Do Not Complete Anything Below This Line | Official Use Only

WITNESSES:

Duty Officer Signature

Date

Duty Officer Printed Name

Ride-Along Deputy Signature

Date

Ride-Along Printed Name