



**Leon County Sheriff's Office**  
2825 Major James Morgan Jr. Way, Tallahassee, FL 32304  
**Ride Along Program Participation Application**

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

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

**Please Do Not complete Anything Below This Line | Official Use Only**

**Application Packet Requirements**

- ☐ Completed Application
- ☐ Copy of Government Issued ID
- ☐ Release of Liability
- ☐ Background Waiver

**Internal Records Checks**

- ☐ FCIC/NCIC
- ☐ JIS/JMS
- ☐ RMS

Approved for participation? ☐ Yes ☐ No ☐ Further Review

Scheduled Date/Time for Ride Along \_\_\_\_\_

Distribution: Original to Ride-Along Coordinator  
Originator: Uniform Patrol



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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](mailto: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 and copy of your government issued identification card, 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 because 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.



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**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, **30 minutes** before your scheduled ride.
- Have your driver's license or government issued identification card.

Arrival Time	Ride Time
*6:30 am (EST)	7:00 AM (EST)
*5:30 pm (EST)	6:00 pm (EST)

**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.

\*If you arrive at any time other than 3:30 PM, 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 momentarily to welcome you.

**Please direct any questions about ride-along 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

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

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 \_\_\_\_\_