

Greene County Sheriff's Office 5100 West Division Street Springfield, MO 65802 Phone: (417) 868-4040 Fax (417) 868-4830

APPLICATION FOR RIDE ALONG PROGRAM									
				PAGE 1 OF 5					
APPLICANT/PARTICIPANT: PRINT NAME (LAST, FIRST, MIDDLE)				SOCIAL SECURITY NUMBER			DATE		
STREET ADDRESS		CITY STATE	ZIP CODE			RES	SIDENCE PHONE		
DRIVERS LICENSE NUMBER	SEX	RACE	AGE	DATE OF BIRTH	HT	WT	HAIR	EYES	
OCCUPATION		NAME AND ADDI	RESS OF EMP	LOYER/SCHOOL		BU	BUSINESS PHONE		
EMERGENCY CONTACT NAME EMER		EMERGENCY CO	MERGENCY CONTACT ADDRESS					EMERGENCY CONTACT PHONE	
REQUEST TYPE:						l e			
CITIZEN INITIATED (4 HOUR MAXIMUM RII	DE TIME, ON	ICE PER CALENDAR	YEAR)						
DEPARTMENT INITIATED (L.E., MEDIA, IN	TERN, VOLU	UNTEER, RESERVE, E	MPLOYEE, OF	FICIAL) NAME OF INITIAT	ING DEPUTY			-	
DEPUTY INITIATED (L.E., RELATIVE, ACQU	AINTANCE)	RELATIONSI	HIP	NAME OF INITIATII	NG DEPUTY				
DATE / TIME RIDE ALONG REQUESTED.									
DATE REQUESTED//	_	START TIME RE	QUESTED	:AM!	PM				
DO YOU HAVE ANY PAST ARRESTS, CONVIC DISPOSITION. ATTACH ADDITIONAL SHEETS			CASES, FELO	NY OR MISDEMEANOR?YES	NO IF YES, L	IST DATE,	AGENCY, CHARC	GE, AND	
ARE YOU A UNITED STATES CITIZEN?	YES _	NO							
DO YOU HAVE ANY PHYSICAL LIMITATIONS	S SUCH AS	HIGH BLOOD PRES	SURE, HEAR	T CONDITION, NERVOUS CONDITION	ON, MENTAL DISORDER,	AN INABII	LITY TO RUN, BEI	ND, DUCK,	
SQUAT, CRAWL ,CLIMB OR COMMUNICATE:		_YESNO		IF YES, PLEASE EXPLAIN:					
LIST PREVIOUS PARTICIPATION IN ANY RID	E ALONG F	PROGRAM. INCLU	DE THE AGE	NCY NAME AND DATE PARTICIPAT	TED.				
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 UTILIZED TO CONDUCT A BACKGROUND INVES SHERIFF'S RULES AND REQUIREMENTS (ATTAC PARTICIPATION.	TIGATION I HED/PAGES	PRIOR TO MY PARTIO 5 3-4) FOR PARTICIPA	CIPATION IN T	THIS PROGRAM. I FURTHER ATTEST T RIDE ALONG PROGRAM AND AGREE	THAT I HAVE READ, SIGNEI TO COMPLY WITH ALL DIF	O AND UND RECTIVES A	ERSTAND THE GRI	EENE COUNTY	
APPLICANT SIGNATUREDATE									
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.									

RIDE ALONG APPLICATION CONTINUED – PAC	3E 2 OF 5				
APPLICANT PRINT NAME (LAST, FIRST, MIDDLE)			DATE		
G	REENE COUNTY SHERIF	FF'S OFFICE USE ONL	Y		
GCSO EMPLOYEE RECEIVING APPLICATION		DATE RECEIVE	D TIME RECEIVED		
APPLICANT IDENTIFICATION VERIFIED: (ATTACH PHOTO	D COPY) IDENT	IFICATION TYPE			
YESNO					
RECORDS SECTION					
RECORDS CHECK CONDUCTED:MULES/NCIC	LOCALS/IN HOUSE _	CAD/DISPATCH	OTHER		
COMMENTS:					
CONDUCTED BY DAT	`E TIMI	E			
APPLICATION WITH HISTORY SUBMITTED TO DIVISION (CAPTAIN WHERE RIDE-ALONG	IS REQUESTED BY: INIT	IAI DATE		
ATECATION WITHINGTON SUBMITTED TO DIVISION	ADMINISTRATIVE S		DATE		
		ECTION REVIEW			
DIVISION CAPTAIN	MAJOR		SHERIFF		
APPLICANT APPROVEDYESNO	APPLICANT APPROVEDY	YESNO	APPLICANT APPROVEDYESNO		
	DIVISION C	CAPTAIN			
APPLICANT NOTIFIED BY	DATE	_ МЕТНОГ	D:PHONEMAILIN PERSON		
IF APPROVED, SCHEDULED: RIDE ALONG DATE	START TIME	E DURATIO	DN DEPUTY		
	HOST DEPUT				
	1100122101	T REF OR F			
HOST DEPUTY NAME		RADIO / DSN			
DEPUTY CONDUCTED SAFETY BRIEFING	APPLICANT ID VERIFIED	APPLICANT APPEARANC	E SATISFACTORY		
YESNO	YESNO	YESNO CO	DMMENTS:		
APPLICANT INITIALS					
		1			
RIDE ALONG: START DATE S	START TIME	END DATE	END TIME		
PARTICIPANT REVIEW:					
SHOULD APPLICANT BE PERMITTED TO PARTICPATE IN FUTURE RIDE ALONGS?YESNO					
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 <u>www.greenecountymo.gov/sheriff</u> or by Calling 417-868-4040. Thank you for your					
PARTICIPATION IN OUR PROGRAM. COMMENTS:					
ROUTING					
DIVISION CAPTAIN FINAL R	EVIEWCOM	APLETED ORIGINAL RIDE-	ALONG PACKET DELIVERED TO ADMIN		

RIDE ALONG APPLICATION CONTINUED – PAGE 3 OF 5				
APPLICAN	T PRINT NAME (LAST, FIRST, MIDDLE)	DATE		
	RULES AND REQUIREMENTS	<u> </u>		
1.	Promptly and Quickly obey all commands of all Greene County Sherif enforcement officers.	ff's Deputies, the Sheriff, or other law		
2.	Applicants must read and sign the application and release in its entirety the ride-along, and in the presence of a Greene County Sheriff's Depart			
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 t and communicate.	to run, bend, duck, squat, crawl climb		
7.	Whenever possible, female participants will ride with female deputies, deputies. Staffing will dictate the availability to pair deputies and citize			
8.	Participants shall not record or video while participating in the ride- shall not bring with them any equipment that may be used to record telephones must remain silent and may only be utilized when express case of emergency. (This rule does not apply to news media personnel.)	audio or video in any form. Cellular		
9.	Participants must submit to a search of their person and/or any below during the ride-along event if such a request is made by any Greene Cou	•		
10.	Participants shall not have any weapons with them or in their possessic jurisdictions may at the discretion of the shift supervisor be permitted to c granted the weapon must be completely concealed. Greene County commissis allowed to carry weapons.)	arry their firearm. If such permission is		
11.	Participants shall have their seat belt properly secured at all times wh motion.	ile the vehicle they are riding in is in		
12.	Participants shall not use the radio except in cases of extreme emerg (Greene County Commissioned officers or dispatchers may use the radio at the			

Applicant: Sign if Read and Understood______ Date_____

RIDE ALONG APPLICATION CONTINUED – PAGE 4 OF 5			
APPLICAN	IT PRINT NAME (LAST, FIRST, MIDDLE)	DATE	
	RULES AND REQUIREMENTS - CONTINUE		
12			
13.	Dress Code - <i>Permitted</i> : Casual slacks - Neat denim jeans - Shirts with a collar -Shoes should slip type of sole. Appropriate protective clothing should be brought conditions. Non-logo sweaters, jackets, and coats are permitted. Dress Code - <i>Prohibited</i> : Dresses - Skirts - Low cut or revealing pants - Loose baggy pants Shorts - Sweatpants - Jogging Suits - High heel shoes - Any article Any article of clothing that is torn, has holes or reveals any areas of other item or article that may compromise the integrity and profession reasonable person. All tattoos must be completely covered. The determination as to whether a participant's dress is acceptable.	by the participant for applicable weather - Military or Tactical pants - Tshirts - of clothing displaying offensive logos - f the body that should be covered - Any onalism of the sheriff's office or offend a	
14.	Participants shall not identify themselves as law enforcement office jurisdiction Law Enforcement Officer participants may in the case of enforcement.)		
15.	Participants shall not become directly involved in any law enforcement to do so by a deputy or other law enforcement officer, or in case discretion. Participants should not communicate with suspects, vice directed to do so by the host deputy. Violating this rule may compute tolerated.	es of extreme emergency, at their own tims, or witnesses in any manner unless	
16.	The host deputy will notify dispatch that they have a civilian rider pri	for to going in service.	
17.	The host deputy will determine when it is acceptable for the part participant exiting the vehicle. (i.e. on traffic stops or calls for service)	icipant to exit the vehicle, prior to the	
18.	The host deputy may suspend a ride-along event at any time and return	rn the participant to the Sheriff's Office.	
19.	Participants will not be permitted to enter onto private property reasonable expectation of privacy without the explicit consent of the to participate in any search warrant.		
20.	Participants will not be allowed to freely discuss observed items that the Sheriff's Office.	at are of a confidential nature outside of	
21.	Any participant who is injured or ill no matter how slight, shall imme	ediately notify their host deputy of such.	
22.	Participants shall report to the front desk at 1000 Boonville ten mit they have been approved to ride-along. Participants will normally ride shift (Citizen Initiated Participants 4 hour max) in order to cat Exceptions will be evaluated on a case by case basis.	be expected to ride the entire scheduled	
Applica	ant: Sign if Read and Understood	Date	

RIDE ALONG APPLICATION CONTINUED – PAGE 5 OF 5				
APPLICANT PRINT NAME (LAST, FIRST, MIDDLE)	DATE			
DEVELOGE / WALVED				
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,				
Applicant Signature				
Witness (GCSO Employee) Signature	Date			
Witness (GCSO Employee) Printed Name				