



OFFICE OF THE COUNTY SHERIFF Carroll County Maryland

Eligibility Requirements, Guidelines, Application for Ride-Along Participation, and Waiver of Liability

Eligibility Requirements

I. Eligibility and Guidelines for Participation

- A. Any person eighteen (18) years or older meeting the criteria listed below is eligible to participate in the Sheriff's Office Ride-Along Program. *Exceptions to this list may only be made with the approval of the Sheriff or Chief Deputy.*
- Visiting law enforcement *member of another agency;*
 - *College student for purposes of a course requirement;*
 - *Applicants or those considering applying for employment with the Carroll County Sheriff's Office;*
 - Governmental Official or an employee of Carroll County.
- B. Participation in this program is limited to once every six (6) months unless otherwise approved by the Commander, Patrol Division.
- C. All persons requesting to participate in this program must complete and submit a Ride-Along Application (CCSO #040), which includes a waiver of liability.
- *All persons requesting to participate in this program must agree to a record check and may not participate if convicted or charged with a felony.*
- D. Only one (1) ride-along participant may accompany a deputy at any given time. *Ride-along participants will not be permitted to ride with a relative who is a deputy.*

Guidelines

1. The dress code for ride-along participants is casual clothing. However, the clothing must be appropriate, i.e. no shorts, tank tops, etc.
2. Ride-along participants are prohibited from carrying or possessing weapons of any kind.
3. Ride-along participants must arrange for transportation to and from the Sheriff's Office.
4. Ride-along participants are issued an identification card and must wear the card throughout the ride-along.
5. In order to comply with Sheriff's Office policies and procedures, ride-along participants must utilize the safety belts and other equipment in the Sheriff's Office vehicle.
6. The transportation of prisoners in the same vehicle as ride-along participants is prohibited.
7. If the host deputy's assignment requires entering a private residence or private property not open to public, under no circumstance is a ride-along participant permitted to accompany the deputy. This includes accompanying the deputy to the door of a residence. The ride-along participant must either remain in the Sheriff's Office vehicle or on public property.
8. If the host deputy is required to respond to a serious incident which may present a danger to a ride-along participant the host deputy must leave the participant at a safe location prior to responding to the incident. The ride-along participant must remain at the safe location until the host deputy, another deputy or police officer responds to their location. ***Ride-along participants will be instructed on how to contact assistance in the event of an emergency or other unsafe condition.***
9. Ride-along participants must not interfere in any way with the host deputy's handling of a situation. Ride-along participants must hold all questions and comments concerning the manner in which a situation is handled until they have departed from the incident scene.
10. Ride-along participants may observe an event during the ride-along that could require their appearance in court as a witness.
11. The ride-along may be terminated and the participant returned to the Sheriff's Office under the following situations:
 - The failure of the ride-along to act in an appropriate and professional manner.
 - The failure of the ride-along to comply with the instructions of the host deputy.
 - If a determination is made by a supervisor, that the host deputy is needed for another assignment.
 - If a supervisor, determines that it is in the best interest of the Sheriff's Office to discontinue the ride-along.
12. ***Ride-along participants are not permitted to use any device to capture audio, video, or photographs during the ride-along. Information learned during the ride-along is considered confidential. No information may be released by the rider/observer for any purpose unless prior permission is granted.***

Ride-Along Application

Name:			Date of Birth:		
Last	First	Middle			
Address:					
Number and Street		(Apt. #)	City	State	Zip Code
Telephone Number: (Home)			Telephone Number: (Work)		
<p>Do you have a medical condition or are you taking any medication that may adversely effect your participation in the Ride-Along Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you participated in the Ride-Along Program within the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered "yes" to any of the above questions, please explain:</p> <p>Have you read and do understand the Eligibility Requirements and Guidelines for ride-along participation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please indicate why you would like to ride-along:</p> <p>Please provide the name and telephone of an emergency contact person:</p> <p>Name: _____ Telephone Number: _____</p> <p>Preferred date of ride-along: _____ 1st Choice: _____ 2nd Choice: _____</p> <p>Hours of ride-along: _____ a.m. p.m. to _____ a.m. p.m.</p> <p>Signature of applicant: _____ Date: _____</p>					

Waiver of Liability

<p>I understand that my participation in this Ride-Along Program may expose me to unpredictable situations, risks and hazards of physical injury. I freely and voluntarily accept all such risks. Upon consideration of the Carroll County Sheriff's Office allowing me to participate in this program, I hereby release any and all claims or causes of action that I or anyone on my behalf may have against the State of Maryland, the Carroll County Sheriff's Office, Carroll County, Maryland and their agents or employees arising from my participation in the Ride-Along Program.</p> <p>Signature of applicant: _____ Date: _____</p>	
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Background Authorization

I understand that a criminal history check and a warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the State of Maryland to release to the Carroll County Sheriff's Office any and all information which said agencies or any of them have about me, for the limited purpose of aiding the Carroll County Sheriff's Office in evaluating my eligibility for participation in the ride-along program.

This Release extends to any and all information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records, and other information, and this release shall be binding on my legal representatives, heirs and assigns.

Information provided will be verified and a criminal record check will be conducted. If approved, the Carroll County Sheriff's Office will contact you to schedule a date and time for your ride-along.

Signature of applicant: _____

Date: _____

FOR SHERIFF'S OFFICE USE

RECORDS CHECK

Criminal History Check

No Criminal History Record

Criminal History

Agency Records Check (CAD/RMS)

No Record

Record found

Recommendation:

Approved

Disqualified

Comments:

Signature: _____

Date: _____

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Authorization by Commander, Patrol Division

Application: Approved Denied

Date of Ride-Along: _____ Time: _____ to _____ hours

Host Section: _____

Special Instructions: _____

Signature: _____

Date: _____

To be Completed by the Host Deputy

The ride-along was conducted on _____ from _____ to _____ hours
(Date)

Was a review of ride-along guidelines conducted with the participant? Yes No

Was the participant given a tour of the Sheriff's Office? Yes No

Was the participant instructed on vehicle safety and the use of the radio? Yes No

Were you required to leave the participant at a safe location in order to respond to a serious incident? If yes, please explain in the comments section. Yes No

Comments: _____

Signature: _____

Date: _____