Ride-	along application:				
l,	request to participate in the Churchill County				
Sheri	f's Office Ride-Along Program.				
Name	eAddress				
Occu	pationEmployer Address				
Home	PhoneOther				
DOB	SOC				
Have	you ever been arrested for any crime?				
Are y	ou currently a party to a protection or restraining order?				
How	did you hear of the Ride-Along Program?				
Why	do you wish to participate in the program?				
Who	to notify in case of emergency?				
	Phone #Cell Phone				
	Address				
My signature below indicates an under standing and consent for the Churchill County Sheriff's Office to conduct a background check. I further acknowledge that I understand the inherent dangers associated with Law Enforcement and this activity.					
Requesting Party Signature					
Sheriff's Office Use Only					
	Background check complete. Cleared to participate. Contact made with applicant.				

Rules:					
The participant shall play no active role in the police function. The ride-along shall act only a	ıs an				
observer unless otherwise directed by the Host-officer.					
The participant shall not be allowed to operate any Sheriff's Office equipment unless directed	ed to do so				
by a police officer in an extreme emergency.					
The participant must remain in the police vehicle at all times until directed otherwise by the	Host-officer.				
The participant shall not speak to victims, witnesses, prisoners or other persons associated	with a				
police event. Should a victim, witness, prisoner or other person speak to the participant, the participant should					
politely direct the person to speak to one of the officers present.					
The participant shall not bring cameras or any recording devices without the express written	permission				
of the Sheriff.					
The participant shall not enter any person's home while participating in the ride-along.					
The participant shall follow the instructions of the Host-officer at all times during the ride-alo	ng.				
The participant shall not carry any firearm or other weapon even when otherwise authorized	l by law,				
while participating in the ride-along program.					
The participant shall have sufficient funds available for food and drinks as the Host-officer is	not given				
expense money to cover these items.					
Rider understands that they may be called to court as a witness if they observe a police even	ent which				
becomes subject to court action.					
Rider understands that they must arrive for their ride-along conservatively dressed and with	proper				
hygiene. Failure to do so may result in refusal to allow them to participate on that day.					
Participant's signature					
Shift Supervisor's signature					

<u>Waiver</u>

This agreement, made and entered	d into this	day of	20_	_, at	
City of Fallon, County of Churchill,	State of Nevada.	by			hereinafter
referred to as Rider, and the Churc Rider agrees to indemnify agents and further to indemnify and	and hold harmless	S Churchill County,	Churchill Cou	inty Sherif	's Office, it's officers and
and against all claims, damages, lo	osses, expense, in	juries or any other	expenses, inc	cluding rea	sonable attorney's fees in
case it shall be necessary to file ar	n action arising ou	t of the Churchill Co	ounty "Ride-A	long" prog	ram, which is for bodily
injury, illness or death, or for prope	erty damage, includ	ding loss of use, ar	id caused in v	vhole or in	part, by the Sheriff's Office
negligent act or omission, or that o	of an agent or emp	loyee of Churchill (County Sheriff	's Office, c	r that of anyone employed
by them, or by any other law enforce	cement agent with	nin Churchill Count	y, their agents	or emplo	yees, for who acts the
Sheriff's Office may be liable.					
In Witness Whereof, the parties ha	ave executed this s	agroomont at Fallor	n in the Coun	ty of Chur	shill State of Novada, the
day and year first above written.	ive executed this a	greement at Fallor	i, iii tiie Gouii	ty of Critic	illii, State of Nevaua, the
day and year mist above written.					
Ben Trotter, Sheriff		Rider (C	Observer)		
or					
Shift Supervisor					
DIDE ALONG LOC					
RIDE-ALONG LOG					
Date of Ride-Along	Deputy's I	Name and Badge #	!		Supervisor
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DEPUTY'S RIDE-ALONG SURVEY

This form is to be completed at the end of the shift that the observer rides on by the Deputy who had the observer. The survey shall be forwarded to the Sergeant / Shift Supervisor maintaining the ride-along program records. The Shift Supervisor shall review the survey and attach it with the observer's packet and forward a copy to the Captain for review.

	Name of Observer					
	Deputy (Name and Badge #)					
	Date of Ride-Along					
	Shift	Shift Supervisor				
Activity on Shift (especially unusual activity)						
Notable questions or comments from Observer						
Deputy's Comments						

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