



SAN MATEO COUNTY SHERIFF'S OFFICE

Headquarters Patrol Bureau

Attn: Lydia Rivera
Administrative Assistant II

330 Bradford Street, 2nd. Floor
Redwood City, CA 94063

Phone: (650) 363-4763
Email: lhramirez@smcgov.org

RULES AND GUIDELINES FOR RIDE-ALONG PROGRAM

1. Everyone who participates in the Sheriff's Ride-Along Program must complete and sign both sides of the attached application form.
2. Participants under the age of 18 must have the release and waiver signed by a parent or legal guardian.
3. Persons under the age of 16 will be allowed to participate **by special permission only**. They will only ride during daytime hours. At least one parent or legal guardian must sign the back of the application form.
4. Approval and scheduling will be made through the Sheriff's Patrol Bureau Legal Office Specialist. The applicant will be notified via mail or telephone of final approval and confirming the date and time to ride unless other arrangements have been made.
5. Participant's attire should reflect good taste and a professional appearance. Good grooming and a tidy appearance are expected.
6. **No one will be permitted to ride more than once without special permission.** Approval can be obtained from the Headquarters Patrol Administrative Sergeant or on-duty Sergeant.
7. Because of the potential for police activity to escalate to a dangerous level, all participants will adhere to the directions and instructions of the officer. Participants will not be taken into the scene of potentially dangerous situations.
8. All riders must agree not to publicly discuss the names of persons involved in police matters. It is essential to sound police practices that statements or evidence gathered during criminal investigations be held confidential. **No video, photographic, or recording devices are allowed without permission.** Note taking is permitted.
9. If an observer is a witness to a crime or significant incident during an investigation, he/she will be listed as such on any reports that are prepared and may be subject to subpoena into court at a later date to testify.

San Mateo County Sheriff's Office

Ride-Along Program - Application Form

Applicant's Name: _____ Phone: _____

Address (Street/City/ZIP): _____

Date of Birth: _____ Age: _____ Gender: _____

Email: _____ Driver's License # _____

Ethnicity: _____ Social Security Number: _____ School (if applies): _____

Occupation: _____ Employer: _____ Bus. Phone: _____

Have you ever been convicted of any offense other than a traffic violation? No Yes

If yes, explain: _____

My interest for a ride-along is: _____

Dates and times available to ride (select all that apply):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning							
Evening							

Emergency Notification Information:

Name: _____ Phone: _____

Address (Street/city/ZIP): _____

COMPLETE REVERSE SIDE OF THIS FORM

OFFICIAL USE ONLY

Date received: _____ Completed? Yes No

Records Check: _____ Patrol Sgt.'s/Lt.'s Approval: _____

Applicant Notified: _____ Email Phone Other _____

On Duty Sgt. Notified: _____

ON-DUTY SERGEANT

Date scheduled to ride: _____ Time: _____ Team: _____ Deputy assigned: _____ How long? _____

**COUNTY OF SAN MATEO SHERIFF'S OFFICE RIDE-ALONG PROGRAM
VOLUNTARY ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT**

I, _____, **HEREBY ACKNOWLEDGE** that I have voluntarily applied to participate in the San Mateo County Sheriff's Office Ride-Along Program. I have read, understood and agree to abide by the Ride-Along Rules and Regulations regarding my required conduct and responsibilities with respect to the program.

Initial: _____

I HEREBY AUTHORIZE ANY DEPUTY SHERIFF OR OTHER AUTHORIZED REPRESENTATIVE OF THE SAN MATEO COUNTY SHERIFF'S OFFICE bearing this release, or a copy of it, within one year of its date, to obtain any information and records about me pertaining to criminal activity, including but not limited to any summary criminal history and driver's license status. I understand that this information is confidential and will only be revealed to Sheriff's Office staff on a need to know/right to know basis.

Initial: _____

I AM AWARE THAT POLICE WORK IS INHERENTLY DANGEROUS due to many factors, including the possibility of high-speed chases, armed suspects, and potential emotional trauma. **I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence of the County or otherwise resulting from any aspect of my voluntary participation in the San Mateo Sheriff's Office Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns.

Initial: _____

I HEREBY WAIVE, RELEASE AND DISCHARGE FROM LIABILITY THE COUNTY OF SAN MATEO, its elected and appointed officials, officers, agents and employees from any and all claims, damages, causes of action, demands in law or in equity, resulting from the negligence of the County of San Mateo, its elected and appointed officials, officers, agents and employees, or otherwise resulting from any aspect of my voluntary participation in the San Mateo County Sheriff's Office Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns.

Initial: _____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS AN AGREEMENT TO ASSUME ALL RISKS AND RELEASE THE COUNTY FROM ALL LIABILITY RESULTING FROM MY PARTICIPATION IN THE RIDE-ALONG PROGRAM AND SIGN IT OF MY OWN FREE WILL.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

(If applicant is under 18 years old.) **I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS AN AGREEMENT FOR MY CHILD OR TRUSTEE TO ASSUME ALL RISKS AND TO RELEASE THE COUNTY OF SAN MATEO FROM ALL LIABILITY RESULTING FROM MY CHILD'S OR TRUSTEE'S PARTICIPATION IN THE RIDE-ALONG PROGRAM. I HAVE CAREFULLY EXPLAINED THE RELEASE, ITS SIGNIFICANCE AND THE ASSUMPTION OF RISK TO MY MINOR CHILD OR TRUSTEE. BY SIGNING BELOW, I HEREBY GIVE MY CHILD PERMISSION TO PARTICIPATE IN THE PROGRAM AND AGREE TO BE BOUND TO THE TERMS AND CONDITIONS OUTLINED HEREIN.**

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Please return this form via:

EMAIL

lhramirez@smcgov.org

MAIL / IN PERSON

San Mateo County Sheriff's Office
HQ Patrol - C/O Lydia Ramirez
330 Bradford Street
Redwood City, CA 94063