

ISLAND COUNTY SHERIFF'S OFFICE

Sheriff
Rick Felici
Chief Criminal Deputy
Evan Tingstad



Chief Civil Deputy
Lorene Norris
Chief Jail Administrator
Jose Briones

PROFESSIONALISM

SERVICE

ACCOUNTABILITY

CITIZEN OBSERVER / RIDE ALONG PROGRAM APPLICATION

The Island County Sheriff's Office Ride-Along Program is offered to residents, students and those employed within the County. Every attempt will be made to accommodate interested persons however any applicant may be disqualified without cause. The following factors may be considered in disqualifying an applicant and are not limited to:

- Being under 15 years of age.
- Prior criminal history.
- Pending criminal action.
- Pending lawsuit against the Office.
- Denial by any supervisor.

Last Name	First Name	Middle Name	Maiden Name/AKA
Street / Mailing Address	City / State	Zip Code	Email
Cell #:	Home #:	Work #:	
DOB #:	DL#/State:	SocSec#:	

I hereby request permission to ride as a civilian observer in an Island County Sheriff's Office patrol vehicle because:

Every attempt will be made to accommodate interested persons however you must be able to enter and exit the vehicle on your own power.

I further agree with and voluntarily sign the ***Release and Hold Harmless Agreement*** included.

All requested dates listed below are at least ten (10) or more days after submitting the application:

Day shift 7A-5P; Cover Shift 11A-9P; Swing shift 5P-3A; Night shift 9P-7A.

Areas: North Precinct NPAT; South Precinct SPAT; East Precinct EPAT

1 st Choice	Date: _____	Shift: _____	Area: _____
2 nd Choice	Date: _____	Shift: _____	Area: _____
3 rd Choice	Date: _____	Shift: _____	Area: _____

CITIZEN OBSERVER / RIDE ALONG PROGRAM RELEASE AND HOLD HARMLESS AGREEMENT

For and in consideration of the undersigned being given the opportunity of observing police operations and the functions of the Island County Sheriff's Office by riding in a vehicle operated by members of the Sheriff's Office and by any and all other means of opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby releases the County of Island, its officials, officers and all other personnel of the County of Island from any and all liability whatsoever for any injuries, damages, and claims the undersigned, his/her heirs, dependents and assigned may sustain in and about any police vehicle or any other ways during the course of the observation and studies by the undersigned of the operations and functions of the Island County Sheriff's Office. The undersigned acknowledges that he/she has been advised that there is an inherent risk involved in being in a police unit, including, but not limited to, accident, assault, injury and being subjected to hostile and /or aggressive persons. The undersigned, with this warning firmly in mind, assumes all liability and risk. If encountering a potentially dangerous situation, the participant may be let out of the vehicle in a well-lighted place of safety. Dispatch will be advised of the situation, however ride along participant must have own method to obtain ride upon emergency termination.

I understand that I will be a guest passenger in the vehicle and have not offered any payment to the Sheriff's Office or its employees for the opportunity to ride. Any person approved to ride along is required to be suitably dressed, business casual preferred. Sandals, T-shirts, tank tops, shorts and ripped or torn blue jeans are not permitted. The Precinct Supervisor or field supervisor may deny or terminate a ride along to anyone not properly dressed. I agree that I will obey all lawful directives issued by the Officer and understand the ride along can be terminated at any time without cause. I agree that I will keep confidential anything which I may observe or hear and understand that I may be summoned as a witness in any proceeding as a result of my observations.

I authorize the Sheriff's Office to conduct a complete records check of me prior to riding and understand that any information of an adverse or criminal nature may disqualify me.

**IN WITNESS WHERE OF and, intending to be legally bound thereby, the undersigned affixes his/her hand at _____, Washington this _____ day of
_____, 20_____.

_____**

Signature of Applicant

Signature of Witness

PARENTAL/GUARDIAN ENDORSEMENT (for applicants under the age of 18 – requirement is 15 years): I have read and understand the Release and Hold Harmless Agreement and agree to be bound to its provisions as they apply to my son / daughter / ward, _____ . I agree to assume full responsibility for my son / daughter / ward as it would pertain to the provisions set forth.

Signature of Parent / Guardian

Date

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For Office Use Only

Date / Time Received: _____ Received By: _____

Checks: CCH () Wants () DL () Locals ()

Approved: () Denied: () Assigned By: _____ Date: _____

Deputy Assigned: _____ Completed: Y () N () Date: _____

Deputy Comments:

