

RIDE-A-LONG/WORK-A-LONG PROGRAM REQUEST

Application Date:

NOTE: This <u>completed</u> form must be submitted to the appropriate Watch Commander at least five (5) days prior to the ride along.

| PERSONAL DAT | <u>A</u> (Type or print leg | ibly) | | | |
|--------------------|-----------------------------|----------------------|--|---------------|--|
| NAME | | RACE | SEX | DATE OF BIRTH | |
| OTHER NAMES U | JSED | | | | |
| ADDRESS | | | Work/Home/Daytime (Circle which) PHONE | | |
| CITY | | | STATE | ZIP | |
| DL#/ID CARD # | | S | SOCIAL SECUI | RITY # | |
| E-MAIL ADDRES | S | | | | |
| Place of Employme | nt or School: | | | | |
| Reason for Riding: | | | | | |
| | <u>PERSON T</u> | <u>O NOTIFY IN C</u> | ASE OF AN 1 | EMERGENCY | |
| Name | | Relationship_ | Str | reet | |
| City | State | Zip | Phone # | # | |

| FOR NCSO OFFICE USE ONLY | | | | | | | |
|---|-------------------------------|---------|-------------|--|--|--|--|
| APPROVALS | ASSIGNED TO RIDE WITH DEPUTY: | | | | | | |
| WATCH COMMANDER: | Name: | | ID#: | | | | |
| CAPTAIN: | ZONE | DATE(S) | | | | | |
| CRIMINAL HISTORY RECORDS CHECK DATE: | BY: | | ID#: | | | | |
| DENIED/COMMENTS: | | | | | | | |
| COMPLETION OF CJIS SECURITY AWARENESS? | Y N | DATE: | | | | | |
| APPLICATION VALID FOR ONLY 90 DAYS | | | Page 1 of 2 | | | | |

PARTICIPATION GUIDELINES

The following guidelines have been established to make the program safe and beneficial to all. Please read and understand these guidelines as you will be asked to sign a copy of them before your ride-a-long.

- 1. Observers shall report to the Sheriff's Office, station or sub-station, designated by the Watch Commander thirty (30) minutes prior to roll call.
- 2. <u>Observers shall be unarmed</u> unless otherwise authorized by the Sheriff.
- 3. Observers shall be neat and clean in appearance and attire. Decisions regarding questionable attire or appearance shall be made by the Watch Commander, or if the Watch Commander is not on duty, the Sergeant on duty will make the decision. Observers not appropriately dressed will not be allowed to ride.
- 4. Observers have no law enforcement authority and are under the direct authority of the deputy to whom they are assigned.
- 5. Observers shall not interfere with any police officer performing his/her duty.
- 6. Observers shall not: become involved in any investigation, handle evidence, discuss any case with victim(s), witnesses or suspect(s), or handle police equipment without authorization from the deputy.
- 7. Observers shall abide by the assigned host deputy's decision as to whether or not they will be allowed to exit the vehicle and observe particular calls for law enforcement service.
- 8. Observers are allowed to take notes, but, shall not bring nor use tape recorders, cameras of any kind or any other video equipment (media representatives may be exempt from this rule).
- 9. Observers may be called to Court as a witness as a result of participating in the program.
- 10. The Sheriff, Undersheriff, Director of Operations, Patrol Captain, Watch Commander, Supervisor of assigned host deputy, assigned host deputy or Observer may terminate the ride-a-long at any time it is deemed necessary to benefit the participant and/or the Sheriff's Office.
- 11. Observers, once approved, are permitted to ride one time within any two week period unless otherwise approved by the Sheriff. The Ride-A-Long/Work-A-Long Form is valid for a ninety (90) day period, however, any provisions, covenants, or agreements pertaining to a Confidentiality Agreement or General Release and Waiver of Liability will not expire and are perpetually applicable.
- 12. Observers shall submit this request and the included General Release and Waiver of Liability and Confidentiality Agreement at least five (5) days prior to the date which he/she wishes to ride.
- 13. Observers will be limited to six (6) hours per shift.
- 14. No observers will be allowed to ride with a deputy after midnight unless approved by the Watch Commander.
- 15. Observers shall complete the required FDLE CJIS Level 1 Security Awareness training at least five (5) days prior to the date which he/she wishes to ride.



Nassau County Sheriff's Office Sheriff Bill Leeper

RIDE-A-LONG AND WORK-A-LONG PROGRAM CONFIDENTIALITY AGREEMENT

The undersigned, _______(insert full legal name) ("Participant"), in consideration for being approved to participate in the Nassau County Sheriff's Office ("NCSO") Ride-a-Long or Work-a-Long Program, does hereby acknowledge, agree, and understand that Participant may learn, become aware of, or have access to, information that is safety or law enforcement sensitive, or is otherwise deemed or considered confidential in nature based on Nassau County ordinance, State of Florida law, Federal law, or agency policy ("Confidential Information"). This Confidential Information may be verbal, written, or stored in electronic format. Such Confidential Information includes, but is not limited to, incident reports and supplements, Florida Crime Information Center/National Crime Information Center ("FCIC/NCIC") records and information, Computer Aided Dispatch ("CAD") information, Records Management System information, Florida Driver and Vehicle Information Database ("DAVID") information or other Department of Highway, Safety and Motor Vehicles ("DHSMV") information, public records requests, Baker Act information, fire rescue and medical or health information, birth or death records, property and evidence records, NCSO video surveillance recordings, crime scene photographs, videos or diagrams, witness, victim or suspect statements, investigative information, or any other law enforcement reports or police services related information.

- Participant acknowledges, understands, and agrees to maintain the confidentiality of Confidential Information and will not divulge Confidential Information to anyone, for any purpose or for any reason, unless expressly authorized in writing by NCSO.
- In the event the Participant is unsure about whether information is of a confidential nature or not, or whether a person is authorized to have or share Confidential Information, Participant will seek out and inquire of the Ride-a-Long or Work-a-Long supervisor.
- Participant acknowledges, understands, and agrees that Participant is prohibited from using any Confidential Information for my personal use or benefit, or for any other purpose.

- Participant acknowledges, understands and agrees that failure to comply with the confidentiality requirement by Participant as set forth in this Confidentiality Agreement may constitute grounds for <u>arrest for a felony</u> pursuant to 815.06, Florida Statutes.
- Participant acknowledges, understands and agrees that NCSO may seek any criminal or civil sanctions, remedies, or damages as may be allowed by law, including injunctive relief, criminal prosecution, administrative discipline and/or termination for a violation of this Confidentiality Agreement.

This Confidentiality Agreement pertaining to the disclosure and use of confidential information shall continue to apply after any completion, separation or termination from the NCSO Ride-a-Long or Work-a-Long Program.

Participant's Signature

Sworn to and subscribed before me this _____ day of ____(month), ____, by _____ who is [] personally known to me or [] produced ______ as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

Notary Public, State of Florida My Commission Expires:



Nassau County Sheriff's Office

Sheriff Bill Leeper

NASSAU COUNTY SHERIFF'S OFFICE RIDE-A-LONG AND WORK-A-ALONG PROGRAM GENERAL RELEASE AND WAIVER OF LIABILITY

The undersigned, ____ _ (print name), a civilian not employed by the Nassau County Sheriff's Office (hereafter "Undersigned"), in consideration for the Undersigned being afforded the opportunity to participate in a Ride-a-Long or Work-a-Long program to experience the various operations of the Nassau County Sheriff's Office in an immersive manner, and acquiring the knowledge and experience of this immersion, the receipt and sufficiency of consideration is hereby accepted and acknowledged, does hereby release, waive, satisfy, and forever discharge and settle any and all claims, demands, causes of action, suits, controversies, judgments or damages of any kind or nature whatsoever, in law or in equity, which exists or may arise against Bill Leeper as Sheriff of Nassau County, or his successors, heirs, assigns, employees, volunteers, appointees or agents, relating or pertaining to any and all participation in the Ride-a-Long or Work-a-Long program, in whatever activity or form, including but not limited to, injury, illness or death, and/or damage to, or loss of, personal property. The Undersigned has full understanding and appreciation of all risks and dangers associated with participating in the Ride-a-Long or Work-a-Long program (whether this be in the Patrol, Corrections, or the Communications Center), including but not limited to, seeing or hearing violent crime or gruesome crime or accident scenes, gathering details of shocking crimes from victims or witnesses, being near or inside an area where criminal activity is incurring, contact with criminal suspects and potentially violent or armed individuals, answering calls for service, or other law enforcement tasks. The undersigned hereby assumes all risks of personal injury, death, property damage or other loss that might arise from my participation in the Ride-a-Long or Work-a-Long program, or presence with personnel of the Nassau County Sheriff's Office as described above.

This General Waiver and Release of Liability (hereafter "Release") shall be binding upon the undersigned and his/her respective heirs executors, administrators, personal representatives, successors, assigns, agents or employees. This Release will be subject to, and governed by, the laws of the State of Florida. This Release has been read and fully understood by the Undersigned. It is acknowledged and agreed the undersigned have voluntarily, knowingly, and willingly executed this Release.

Signature of Participant

Date

Sworn to and subscribed before me this _____ day of ____(month),____, by _____ (print name) who is [] personally known to me or [] produced ______ as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

Notary Public, State of Florida My Commission Expires: