

**SANGAMON COUNTY SHERIFF'S OFFICE**  
One Sheriff's Plaza  
Springfield, IL 62701

**Instructions for Participation in the Citizen Ride-Along Program**

Riders must be neat in appearance and must be willing to follow orders or instructions given by the deputies.

**NOTE:** Females will ride with a female deputy when possible. Exceptions to this rule may only be granted by the Sheriff or his designee.

Please complete pages 2 and 3 of this form and return all five pages to the Undersheriff, Monday through Friday, from 8:00 a.m. to 4:30 p.m. at least seven days prior to the date the applicant desires to ride.

**Rules to follow:**

Riders will not:

1. Interfere or assist the deputies in any way unless requested to do so.
2. Be allowed to be present for juvenile cases since records and arrests are confidential by law.
3. Be allowed to be present during interviews for serious criminal incidents.
4. Be allowed to be present during any interrogations on criminal matters.
5. Enter any person's private residence or property when deputies are responding to a disturbance or complaint.
6. Leave the squad car under any circumstances when deputies are responding to crimes in progress.

**Request to Ride Form Page 2**

Please fill out completely, in ink, and be sure to give the date you desire to ride, if known.

**Release of Liability Form Page 3**

Please read this form carefully. Your signature indicates verification of understanding.

**Request Granted Form Page 4**

This form is for office use only – please leave attached to form set.

**Evaluation Form Page 5**

The Sangamon County Sheriff's Office is continually striving to be of better service to our community. Your views of the Ride-Along Program are of great interest to us. Please complete the Evaluation Form after you have ridden, and return it to the on-duty Shift Supervisor or mail it to the address given on the form.

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**REQUEST TO RIDE FORM**

(Please print legibly and answer all questions in ink)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_  
Last First MI Month/Day/Year M/F

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Drivers License Number and/or Social Security Number: \_\_\_\_\_

Are you applying to ride as part of a police science training course? \_\_\_\_\_

Are you interested in law enforcement as a career? \_\_\_\_\_

Are you attending school now? \_\_\_\_\_ If yes, please give the name of the school and the courses of study: \_\_\_\_\_

If you represent any of the following, please check the appropriate box(es):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Medical Profession  | <input type="checkbox"/> Clergy        | <input type="checkbox"/> Community Leader |
| <input type="checkbox"/> Teaching Profession | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Auxiliary Police |
| <input type="checkbox"/> Legal Profession    | <input type="checkbox"/> News Media    | <input type="checkbox"/> Explorer Post    |
| <input type="checkbox"/> Other _____         |  |   |

Briefly state your reasons for participation in the Ride-Along Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your request to ride is approved, four hours will be the maximum time allowed in one day. Please circle the day of the week and the time of day you desire to ride, as well as give the date you desire to ride.

Day of Week: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Time: 7-11 a.m. 10 a.m.-2 p.m. 3-7 p.m. 6-10 p.m. 11p.m.-3 a.m.

Date: \_\_\_\_\_  
Month/Day/Year

When this form is completed, please forward to the Undersheriff for approval. Allow seven (7) working days prior to the request date.

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**CITIZEN RIDE-ALONG PROGRAM**  
**PERMIT, RELEASE AND INDEMNIFICATION AGREEMENT**

I, \_\_\_\_\_ of \_\_\_\_\_  
City of \_\_\_\_\_, State of \_\_\_\_\_, in  
consideration of being granted permission to ride in a Sangamon County Sheriff's Office vehicle  
and of accompanying a County Deputy for the purpose of observing and becoming familiar with  
the operation of a County Deputy in the actual performance of his duties, do hereby release and  
discharge Sangamon County, and the Sangamon County Sheriff's Office and all their deputies  
and employees from all liability to me, my employer, my assigns, my heirs, my executors and  
personal representatives, now and forever, for all loss or damage, in any claim or demands  
therefore on account of injury or other casualty to myself or my property, whether by negligence  
or otherwise, during such time that I may be in an automobile or other vehicle of the Sangamon  
County Sheriff's Office for the above mentioned purposes, while said deputy is officially  
discharging his duties.

I further assume all risk of death, injury, loss or damage to my person or property, whether due  
to negligence or otherwise, and neither myself nor any of the representatives shall have any right  
or claim against the Sangamon County Sheriff's Office, their deputies or employees, in respect or  
arising out of any such death, injury, loss or damage.

I further hereby agree to indemnify and save harmless the Sangamon County Sheriff's Office and  
all of their deputies and employees on account of any debt, expense, claim, obligation or any  
sum of money which they may be required to pay on account of any liability or damage by  
reason of injury to me or damage to my property, whether by negligence or otherwise, while I  
may be in a Sangamon County Sheriff's Office automobile or other vehicle or in the company of  
a Sangamon County Deputy, while said deputy is officially discharging his duties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness  
(If under 21, parent's signature is required)

\_\_\_\_\_  
Date

Permission granted as scheduled by Shift Supervisor.

\_\_\_\_\_  
Captain of Operations  
Sangamon County Sheriff's Office

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**REQUEST GRANTED FORM – CITIZEN RIDE ALONG PROGRAM**

(For Office Use Only)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

The individual named above has been granted permission to participate in the Sangamon County Sheriff's Office Citizen Ride-Along Program and has been instructed to report to:

\_\_\_\_\_ on \_\_\_\_\_

at \_\_\_\_\_ and is to ride with the: (Day of Week) (Month/Day/Year)  
NT ST EC WC R CR

(Time)

detail at the following time:

7 a.m. to 11 a.m.  
10 a.m. to 2 p.m.  
3 p.m. to 7 p.m.

6 p.m. to 10 p.m.  
11 p.m. to 3 a.m.

Note: The best unit for this subject to ride in shall be determined by the Shift Supervisor at the time the applicant reports to ride in accordance with guidelines set by the Sangamon County Sheriff's Office Rules and Regulations.

Release of Liability Form completed: \_\_\_\_\_

Request to participate in the Citizen Ride-Along Program has been:

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

by: \_\_\_\_\_

Captain of Operations

This person rode with Deputy \_\_\_\_\_ between the hours of

\_\_\_\_\_ and \_\_\_\_\_ on \_\_\_\_\_.  
(Time) (Time) (Date)

\_\_\_\_\_  
Shift Supervisor's Signature

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**EVALUATION FORM – CITIZEN RIDE-ALONG PROGRAM**

Please complete this form after you have participated in the Citizen Ride-Along Program and turn it in to the Shift Supervisor, or mail it to the above address. Thank you for your participation.

Date of Ride: \_\_\_\_\_ Time: \_\_\_\_\_  
Area of the County: \_\_\_\_\_  
Deputy you rode with: \_\_\_\_\_

Please Circle One:

Was this an educational experience for you?	Yes	No
Are you considering law enforcement as a career?	Yes	No
Were you riding in a marked (identifiable) squad car?	Yes	No
Did you feel that people were watching you and your conduct?	Yes	No
Do you better understand the deputy's job and position?	Yes	No
Did you witness any traffic violations where a warning or traffic citation was issued?	Yes	No
Do you think the Citizen Ride Along Program should be continued?	Yes	No
How old do you think a person should be to participate? _____		

Activities witnessed and comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions for improvement of the Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**Sangamon County Sheriff's Office**  
**Citizen Ride-Along Wireless Device Use Policy**

All wireless devices are prohibited during your citizen ride-along with the Sangamon County Sheriff's Office. If the need should arise to use your wireless device please keep the conversation to a minimum.

Most importantly, you shall not divulge, distribute, or transmit any information regarding the Sangamon County Sheriff's Office via any social networking site, cellular phone, text messaging, photographs, recordings, or any other means.

Any violation of this policy is subject to the ride-along being terminated immediately and no future requests will be granted.

I, \_\_\_\_\_, *hereby acknowledge receipt of the Wireless Device Use Policy.*

\_\_\_\_\_  
*Citizen Ride-Along Signature*

\_\_\_\_\_  
*Date*