



Troy D. Berry
Sheriff

Office of the Sheriff

Charles County, Maryland

Headquarters
6915 Crain Hwy - P.O. Box 189
La Plata, Maryland 20646-0189
301-609-6400



An Internationally
Accredited Agency

RIDE-ALONG PROGRAM PACKET

APPLICANTS – Please adhere to the following:

1. **Guidelines for Ride-Along Participants** – Must be read before all forms are filled out and completed.
2. **Application Form** – All information except for the last block is to be completed by the applicant including signature and date.
3. **Authorization Form** – Only the Participant and Emergency Notification information are to be filled in and completed.
4. **General Release Form** – All applicants age 18 and *over* are required to complete this form.
5. **Minor Participant Release Form** – Any applicant age 17 and *under* must have this form completed or the ride-along will not take place.
6. **When you have completed all required forms, you may either drop off your application at any of our district stations or you may mail your application to the address listed above, ATTN: Tracy Pearson-Patrol Operations Division**
7. **Upon approval, you will be contacted to set up your ride-along. If your application is denied, you will receive a letter notifying you of this.**



CHARLES COUNTY SHERIFF'S OFFICE



RIDE-ALONG PROGRAM

Guidelines For Ride-Along Participants

A condition of the approval of any Ride-Along request, is the participant agrees to conform and comply with the following guidelines for Ride-Along participants.

The participant must wear attire which reflects a conservative business atmosphere. Because the participant will be in the company of Sheriff's Office employees in the performance of their duties, the participant's attire will reflect upon the image of the Office of the Sheriff. The following is a list of some of the types of clothing which is clearly unacceptable: jeans / dungarees, stretch pants, shorts, sweatshirts, t-shirts, tank or tube tops, etc.

The participant must arrange for transportation to the Sheriff's Office facility from which the ride-along will begin and end, arriving at least 30 minutes prior to the start time.

Participants are encouraged to ask questions during their ride-along; however, the participant's ride-along partner may not have all the information a participant wants. The participant may follow-up unanswered questions with the Commander, Patrol Division for further information.

The participant must comply with Agency policies which may impact the participant's ride-along experience. These policies include the use of the seat belts while riding in Agency vehicles. The participant's ride-along partner will make the participant aware of these policies as required.

The participant may be required to separate from their Sheriff's Office partner, in any event, their partner believes, it is in the best interest of the participant or the Agency. Certain situations, because of the level of danger or the sensitivity of a particular issue, may not be suitable to have the Sheriff's Office employee accompanied by a ride-along participant. This consideration does not remove all danger from the ride-along situation and the participant, as a condition of approval of the ride-along, has agreed to assume liability for this element of danger.

Should the participant be left at a location when the Sheriff's Office employee makes the decision that the participant should not accompany the employee for a particular situation, the participant will remain at the location to await pick-up by Sheriff's Office personnel. If the participant finds it necessary to leave the location, the participant will contact Sheriff's Office Communications and convey the fact that the participant has left the drop-off location.

The participant is to act only in the capacity of an observer. During any situation where the officer is required to handle some Agency task, the participant will reserve questions and comments until the situation is completely resolved. Unless the Sheriff's Office employee specifically requests the participant to take some action, or unless the Sheriff's Office employee is incapacitated, the participant will refrain from any activity other than observation.

Participants may be required to be witnesses in court proceeding, as a result of observations made during the ride-along.

Drug or alcohol influence at the time of ride-along will disqualify a person from participating in this program. No person with a severe cold or illness will be permitted to ride-along.

Firearms or other weapons, as well as cameras or video and audio recording devices, are not permitted on a ride-along.

Information regarding incidents and investigations is confidential and may not be discussed outside the Agency.

Equipment inside the patrol vehicle is not to be handled or touched by the participant unless specifically authorized by the officer conducting the ride-along.

Participants will remain in the Agency vehicle unless instructed by the officer otherwise.

Participants, and parents of participants under 18 years of age, are required to complete a Waiver of Liability. This waiver releases the State of Maryland, Charles County, Maryland, the Office of the Sheriff and all its agents and employees from any damage or injury the participant may incur as a result of the ride-along experience.

Exceptions to this policy may be made for a specific purpose, in writing, by a CCSO command officer. Exceptions will be attached to the original application.

THIS FORM MUST ACCOMPANY THE PARTICIPANT DURING THE RIDE-ALONG EVENT



CHARLES COUNTY SHERIFF'S OFFICE



RIDE-ALONG PROGRAM Application Form

APPLICANT INFORMATION

First Name:		Middle Name:		Last Name:		Jr., Sr., Etc.:							
Date of Birth:		Height:		Weight:		Hair:		Eyes:		Sex::		Race:	
Street Address:								Email Address:					
City:		State:		Zip:		Cell Phone #:		Home Telephone #:		Work Telephone #:			
Employer / School Name:													
Have you ever applied for a position with the Charles County Sheriff's Office? If yes, please provide which position and year applied.													
Would you like to be contacted by a Recruiter to discuss employment options with the Charles County Sheriff's Office? <input type="checkbox"/> YES <input type="checkbox"/> NO													
To apply for a position please visit www.ccsso.us or use the following QR code to take you to the website.													
Briefly state the reason you have requested to participate in the ride-along program:													
<div><div>Charles County Sheriff's Office</div><div>APPLY TODAY</div><div>Or call: 301-609-5933</div></div>													
Have you read and understood the guidelines for participants in the ride-along program? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Have you completed and signed the waiver for participants in the ride-along program? <input type="checkbox"/> Yes <input type="checkbox"/> No													
<p>Accompanying a Sheriff's Office employee during the performance of the employee's duties requires that the participant be alert, mobile and agile. The participant must be ready to react to circumstances which may be unforeseen and occur suddenly and unexpectedly. The employee's primary consideration is the performance of the duties of the employee's position. Although the employee, when possible, will try to avoid placing the participant in dangerous situations, this should not be an expectation of the participant. Hazard and danger are inseparable from the roles of Sheriff's Office employees.</p> <p>In light of this information, are you capable of assuming responsibility for remaining alert and completely aware of your surroundings, to the extent that you will be able to take responsibility for your own safety in emergency situations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>													
Signature of Applicant: _____ Date: _____													
Records Check: <input type="checkbox"/> approved <input type="checkbox"/> denied by: _____ ID #: _____ Date: _____													
Ride-Along Component Commander Approval: _____ ID #: _____ Date: _____													



CHARLES COUNTY SHERIFF'S OFFICE



**RIDE-ALONG PROGRAM
Authorization Form**

PARTICIPANT INFORMATION

First Name:	Middle Name:	Last Name:	Jr., Sr., Etc.:			
Date of Birth:	Height:	Weight:	Hair:	Eyes:	Sex:	Race:

EMERGENCY NOTIFICATION INFORMATION

First Name:	Middle Name:	Last Name:	Jr., Sr., Etc.:
Street Address:	Home Telephone #:	Cell Phone #:	
City:	State:	Zip:	Work Telephone #:
Relationship to Participant:	Special instructions regarding contact:		

APPROVAL INFORMATION

Scheduled Date:	Scheduled Time:	Scheduled Component & Location:
Special Instructions / Notations / Information:		
Commander:	ID #:	Date:

RIDE-ALONG FOLLOW-UP INFORMATION

Date Ride-Along Accomplished:	Officer:	ID #:
Comments by Officer regarding Ride-Along (Note any special events or circumstances encountered):		



CHARLES COUNTY SHERIFF'S OFFICE

RIDE-ALONG PROGRAM

General Release



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I, _____, in consideration of the privilege of accompanying and observing a sworn Charles County Sheriff's Officer in the performance of his / her duties, do hereby release and hold harmless the State of Maryland, Charles County, Maryland, its officers, agents, affiliates and employees, the Office of the Sheriff for Charles County, Maryland, its officers, agents, affiliates and employees, from and against any and all liabilities, losses, costs, damages, injuries, settlements, judgements of any nature whatsoever, causes of action, suits, claims, demands, or other expenses (included but not limited to any reasonable attorneys fees) suffered or incurred by me as a result of my participation in the Charles County Sheriff's Ride-Along Program. I understand and agree that, during my participation in this program, I will not hinder, attempt to hinder, assist, or attempt to assist any Law Enforcement Officer in the performance of his / her duties. I further understand that my participation in this program is voluntary, that I am not an employee or agent of the Office of the Sheriff, that I am not a Law Enforcement Officer, that my participation does not entitle me to exercise any of the power or authority granted to Law Enforcement Officers, that I am not to identify myself as a Law Enforcement Officer and that I will not be allowed to carry a firearm or weapon of any type while participating in this program. I further agree to indemnify and hold harmless the State of Maryland, Charles County, Maryland, its officers, agents, affiliates and employees, the Office of the Sheriff for Charles County, Maryland, and its officers, agents, affiliates and employees, from and against any and all liabilities, losses, costs, damages, injuries, settlements, judgements of any nature whatsoever, causes of action, suits claims, demands, or other expenses (included but not limited to any reasonable attorney's fees) suffered or incurred by the Office of the Sheriff, its officers, agents, affiliates, employees, associated agencies and third parties which arise as a result of any action taken by me, authorized or unauthorized, during my participation in this program. In the event that I and or my property is injured, damaged or destroyed, I understand that I am not entitled to any benefits, nor am I covered under any insurance policy, workers compensation policy or any other benefit plan that the Office of the Sheriff, State of Maryland, or Charles County, may be entitled. I fully understand that accompanying a law enforcement officer on duty is a highly dangerous activity which could pose the risk of serious bodily injury or death. Understanding this danger, I acknowledge and assume the inherent risks, foreseen and unforeseen, associated with my participation in this program. This agreement is made in consideration for the privilege of accompanying and observing a Charles County Sheriff's Officer in the performance of his duties.

Date

Applicant

Date

Witness



CHARLES COUNTY SHERIFF'S OFFICE

RIDE-ALONG PROGRAM Minor Participant Release



Name of Child:	Child Date of Birth:
Name of Father/Mother/Legal Guardian:	
Address:	Telephone Number:

In consideration of the privilege of accompanying and observing a sworn Charles County Sheriff's Officer in the performance of his / her duties, I, _____, (Parent/Guardian) of _____ (Child) do hereby release and hold harmless the State of Maryland, Charles County, Maryland, its officers, agents, affiliates and employees, the Office of the Sheriff for Charles County, Maryland, its officers, agents, affiliates and employees, from and against any and all liabilities, losses, costs, damages, injuries, settlements, judgments of any nature whatsoever, causes of action, suits, claims, demands, or other expenses (included but not limited to any reasonable attorney's fees) suffered or incurred by my child as a result of my child's participation in the Charles County Sheriff's Ride-Along Program. I understand and agree that, during my child's participation in this program, my child will not hinder, attempt to hinder, assist, or attempt to assist any Law Enforcement Officer in the performance of his / her duties. I further understand that my child's participation in this program is voluntary, that my child is not an employee or agent of the Office of the Sheriff, that my child shall not act as a Law Enforcement Officer, that my child's participation does not entitle my child to exercise any of the power or authority granted to Law Enforcement Officers, that my child is not to identify himself, or herself, as a Law Enforcement Officer and that my child will not be allowed to carry a firearm or weapon of any type while participating in this program. I further agree to indemnify and hold harmless the State of Maryland, Charles County, Maryland, its officers, agents, affiliates and employees, the Office of the Sheriff for Charles County, Maryland, and its officers, agents, affiliates and employees, from and against any and all liabilities, losses, costs, damages, injuries, settlements, judgments of any nature whatsoever, causes of action, suits, claims, demands, or other expenses (included but not limited to any reasonable attorney's fees) suffered or incurred by the Office of the Sheriff, its officers, agents, affiliates, employees, associated agencies and third parties which arise as a result of any action taken by my child, authorized or unauthorized, during my participation in this program. In the event that my child and/or my property is injured, damaged or destroyed, I understand that neither I nor my child are entitled to any benefits, nor are I or my child covered under any insurance policy, workers compensation policy or any other benefit plan that the Office of the Sheriff, State of Maryland, or Charles County, may be entitled. I fully understand that accompanying a law enforcement officer on duty is a highly dangerous activity which could pose the risk of serious bodily injury or death. Understanding this danger, I acknowledge and assume the inherent risks, foreseen and unforeseen, associated with my child's participation in this program. This agreement is made in consideration for the privilege of accompanying and observing a Charles County Sheriff's Officer in the performance of his duties.

Date

Parent/Guardian

Date

Witness