



# SANTA ROSA COUNTY SHERIFF'S OFFICE

*Sheriff Bob Johnson*

## RIDER PROGRAM APPLICATION

Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First Middle

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

Mailing Address: \_\_\_\_\_  
(If different) Street City State Zip

Email (required): \_\_\_\_\_

Phone: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Reason for wanting to ride: \_\_\_\_\_

### RECORD CHECK

Fingerprints Taken:  Date: \_\_\_\_\_  
NCIC/FCIC: Criminal History Yes:  No:   
Local Check: Criminal History Yes:  No:   
Warrant Check: Warrants Yes:  No:

Member conducting check: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Patrol Commander Review: Authorized to Proceed: YES:  NO:  Initials: \_\_\_\_\_

CJIS Security Training: Notice Sent: \_\_\_\_\_ To be complete by: \_\_\_\_\_  
Date Date

Proof of Completion of Training Received: \_\_\_\_\_  
Date

Final Approval: Patrol Commander: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature  
Authorized:  Denied:

Reason for Denial: \_\_\_\_\_



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## RIDER APPLICATION Waiver of Liability

In consideration of the privilege being granted me by the Sheriff of Santa Rosa County, Florida to be a passenger in a Sheriff's vehicle. I hereby assume all risk of personal injury or death and property damage for loss from whatever causes arising while I am approaching, entering, boarding, riding, or being on, property of said Sheriff, while I am using, intending to use, or have used this privilege, and release said Sheriff, his deputies, members, agents and servants from any liability therefore, or for contribution as a joint tort-feasor therefore, and will indemnify and save harmless said Sheriff, his deputies, members, agents and servants from any such liability or contribution to such liability, while using this privilege.

It is understood and agreed by me that the privilege granted me to ride in a Sheriff's motor vehicle shall be exercised by me after I make specific arrangements with the Sheriff of Santa Rosa County, Florida, or his authorized representative on the day I plan to ride as an observer.

It is further understood and agreed by me that this privilege may be revoked at any time the Sheriff of Santa Rosa County, Florida or his authorized representative.

By signing this agreement, I agree to appear in court and/or any requisite court proceedings and testify as to anything I observe while riding with the Santa Rosa County Sheriff's deputy personnel.

Date \_\_\_\_\_

Signature \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and did/did not take an oath.

\_\_\_\_\_

\_\_\_\_\_

Notary Public's Signature

Notary Public's Name Typed or Printed

My Commission expires \_\_\_\_\_

(Place Seal Here)