



**Santa Rosa County Sheriff's Office**  
*Sheriff Bob Johnson*

**CITIZEN'S LAW ENFORCEMENT ACADEMY APPLICATION**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Why do you wish to attend the Citizen's Law Enforcement Academy?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Please return application to:**

Crime Prevention - Community Relations Coordinator  
5755 East Milton Rd  
Milton FL 32583  
850.983.1236



# 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

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

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

Date and time of requested ride: \_\_\_\_\_

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

Approved/Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

### CRIMINAL RECORD CHECK

NCIC/FCIC: Criminal History Yes \_\_\_\_\_ No \_\_\_\_\_

Local Check: Criminal History Yes \_\_\_\_\_ No \_\_\_\_\_

Warrant Check: Warrants Yes \_\_\_\_\_ No \_\_\_\_\_

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

Remarks by Deputy conducting check: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## SANTA ROSA COUNTY SHERIFF'S OFFICE

*Sheriff Bob Johnson*

### 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)



Santa Rosa County Sheriff's Office  
*Sheriff Bob Johnson*

Hold Harmless

The undersigned, \_\_\_\_\_, in the matter of the Citizen's Law Enforcement Class, hereby acknowledges that they have been informed of all scenarios which may be played out in this class and hereby affirms that they have no health issues, physical, mental or emotional which could preclude their participation in this class. The undersigned hereby agrees to hold harmless the Santa Rosa County Sheriff's Office, its agencies and employees, and the Florida Sheriff's Self-Insurance Fund (FSSIF) from any claims of any kind whatsoever or of any nature pertaining to the release of my name, my likeness, or my job title. This indemnity and hold-harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the County of Santa Rosa, Florida, its servants, agents, or employees.

\_\_\_\_\_  
Signature  
Print name:

\_\_\_\_\_  
Date

**STATE OF FLORIDA )**  
**COUNTY OF SANTA ROSA)**

**BEFORE ME**, the undersigned authority, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared \_\_\_\_\_; known to me (or having provided to me identification as the basis of satisfactory evidence), to be the person whose name is subscribed on the foregoing document.

NOTARY SEAL

Notary Signature \_\_\_\_\_  
Affiant \_\_\_ known \_\_\_ unknown:  
I.D. produced \_\_\_\_\_