



SANTA ROSA COUNTY SHERIFF'S OFFICE

Sheriff Robert 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: _____

*Have you ever *completed* the Citizen's Law Enforcement Academy at the Santa Rosa County Sheriff's Office? Yes No

Approved/Denied by: _____ Date: _____

CRIMINAL RECORD CHECK

Fingerprints Taken: Date: _____

NCIC/FCIC: Criminal History Yes: No:

Local Check: Criminal History Yes: No:

Warrant Check: Warrants Yes: No:

Deputy/Member conducting check: _____ Date: _____

Signature

Patrol Commander Review: Authorized to Proceed: Yes: No: Initials: _____

CJIS Security Training: Notice Sent: _____ To be completed 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 proceeding and testify as to anything I observe while riding with the Santa Rosa County Sheriff's deputy personnel.

Date _____ Signature _____

State of Florida
County of Santa Rosa

Sworn to (or affirmed) and subscribed before me by means of *(how the individual appeared; check one)*

physical presence or online notarization this _____ day of _____, 20____,

by _____

(name of individual making the sworn statement)

Individual Identified By:

Personal Knowledge Satisfactory Evidence, Type _____

(Seal)

Signature of Notary Public