



MILLS COUNTY

SHERIFF'S OFFICE

RIDE ALONG AUTHORIZATION PACKET

APPLICANT NAME: _____ DATE OF APPLICATION: _____

The Mills County Sheriff's Office is pleased that you have chosen to participate in our Ride-Along Program. The purpose of the program is to provide interested citizens with an insight into the line operations of the Department. It is our hope that you will find this experience both informative and enjoyable.

We would like you to be fully aware of the conditions and circumstances under which this program operates:

1. You will be assigned to ride with a Deputy of this Department. He/she will be assigned to his/her normal duties and will respond to all calls for service to which he/she is assigned.
2. Deputies can be and often are assigned duties, which involve danger, and serious risks. The deputy with whom you are riding is no different. He/she will not avoid or disregard duties which involve emergencies or danger simply because you are with him/her.
3. While every effort will be made to ensure your safety, the deputies first responsibility will be to carry out his/her assigned duties.
4. The deputy you will accompany will be happy to discuss his/her duties and responsibilities insofar as time permits. If, however, some emergency should arise, you must IMMEDIATELY AND WITHOUT QUESTION comply with any orders or directions given to you by the deputy. This is for your own safety.

Observer Information Form

1. Observer must complete and sign the Ride Along Application Form.
2. NO person under the age of eighteen (18) will be permitted to ride as an observer in a police unit at any time unless the Chief Deputy has granted prior approval.
3. A warrant and background check shall be completed on all requestors prior to approval being given.
4. Observers may ride a maximum of one (1) time per calendar quarter unless approved in writing by the Chief Deputy.
5. Observers should appear at the scheduled time. If the observer arrives after the assigned officer has gone on the street, the observer has the responsibility of rescheduling the riding period to another date.

6. Violation of any portions of the prohibited acts, or dress code, or any behavior that impairs the deputy's ability to perform his/her job, will be considered grounds for being banned from the Observer Program.

Dress Code for Observers

1. Observers are to dress neatly and conservatively.
7. Cleanliness is required at all times.
8. Hair (including facial hair) must be well groomed.
9. Shorts and cut-offs are prohibited.
10. Clothing bearing any sign or symbol that advertises any product, business or organization will not be permitted.
11. Clothing with offensive designs, logos, letters or devices is prohibited.
12. Closed-toe shoes or boots will be worn; sandals and bare feet are prohibited.

Prohibited Acts

1. Will not consume alcoholic beverages within four (4) hours of or during observation period;
2. Will not use profane or abusive language during the observation period;
3. Will not engage in excessive conversation, which may distract the deputy or interfere with hearing the police radio;
4. Will not make remarks or voice opinions to complainants, witnesses, victims, violators or suspects in any manner which would tend to provoke or degrade anyone or escalate tension;
5. Will not be allowed into a private residence during the execution of a search or arrest warrant;
6. Will not make known to any unauthorized person, information that may compromise a police operation, procedure or investigation that is either in progress or proposed;
7. Will not make known to any unauthorized persons the identity of persons arrested, persons being confined in jail, or suspects in a criminal act;
8. Will not use information learned during an observation period for personal gain;
9. Will not carry weapons of any type. Observers possessing a Concealed Handgun License will NOT be allowed to carry a weapon during an observation period;
10. Non-sworn observers do not have any powers of a police officer, and have no authority except when acting at the direction of a police officer.

Observers will:

1. At all times conduct themselves with proper decorum.
2. Remain in the police unit during routine traffic stops unless otherwise directed by a deputy.
3. Remain in or near the police unit during disturbance calls and calls of a serious nature in order to summon assistance by radio if needed, unless otherwise directed by a deputy.

INSTRUCTIONS

1. Forms must be filled out completely. Incomplete forms will not be processed.
2. Once the application form is completed, signed and notarized, return the packet to the Mills County Sheriff's Office. Forms may be turned in to the Communications Center 24 hours a day, 7 days a week. They will then be routed to the appropriate personnel for review and approval.

RIDE ALONG APPLICATION

Date: _____

Name: _____ D.O.B. _____

Age: _____
(Your first & last name as it appears on your Driver's License)

Previous Last Names (maiden name,
etc.) _____

Address: _____

_____ City: _____ State: _____

_____ Home Phone Number: _____

Cell Phone Number: _____

_____ Employer: _____

Occupation: _____

Driver's License Number: _____ State: _____ Last 4 of Soc. Sec.

Traffic Convictions: _____

Criminal Convictions: Yes No

Note: For security reasons, the Mills County Sheriff's Office will check your Driver's License and Criminal History

If yes, list Police Agency: _____

Charge(s): _____

What is your purpose for participation as a Ride-Along?

EMERGENCY CONTACT INFORMATION

In case of emergency contact (full name): _____

Address: _____

Phone: (____) _____ - _____ Relationship: _____

Alternate emergency contact (full name): _____

Address: _____

Phone: (____) _____ - _____ Relationship: _____

THE STATE OF TEXAS
COUNTY OF MILLS

KNOWN ALL MEN BY THESE PRESENTS:

That I, the undersigned, as an inducement to the County of Mills to allow me to participate in its Ride Along program, and for and in consideration of the privilege of being personally allowed to ride as a guest and voluntarily observer in a police patrol vehicle, and to accompany an deputy or deputies of the Mills County Sheriff's Office on patrol and in the exercise of their duties, and recognizing that police activity involves certain inherent dangers, including but not limited to: motor vehicle accidents, vehicular pursuits, foot pursuits, apprehension of suspects, answering calls for assistance from citizens and other officers, and the possibility of physical danger, harm, accidents and injuries, do hereby agree to and assume any and all risks attendant to any incident, action occurrence or activity occurring on public, private or other property, which affects me in any manner whatsoever as a result of this privilege, and do hereby release the County of Mills, its officials, Sheriff's Office, agents and employees, in both their public and private capacities, from any liability, claims, suits, demands or causes of action which may arise in any manner whatsoever from riding with or accompanying a deputy or deputies of the Mills County Sheriff's Office as a guest and voluntary observer, including liability, claims, suits, demands or causes of action which arise from the negligence or acts or omissions of the County of Mills, its agents, employees, and officials.

It is further agreed that the execution of this release shall not constitute a waiver by the County of Mills, its agents, officials and employees, of the defense of governmental immunity, where applicable, or to defenses predicated on the Texas Automobile Guest Statue, Art. 6701b, V.A.T.S., or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

I certify that I have read the foregoing instrument, that I understand its terms and conditions, that I make this waiver voluntarily, and that I have not relied upon any representations made by the City of Rowlett, or its agents, officials, or employees in signing this release. I further certify that I am an adult, or have been authorized to participate by my adult guardian whose signature is below, and am in sound mental health, fully capable of making this waiver of liability.

Voluntary Observer
(Printed Name)

Signature of Observer

SWORN AND SUBSCRIBED before me, the undersigned authority, on this the _____ day
of _____, 20 _____.

Notary signature

My commission expires: ____/____/____

Note: Approval of this form expires on January 2nd of the following calendar year.

FOR DEPARTMENT USE ONLY

Background Checks: Local Records Check Driver's License & Wanted Combo (DL with other states if applicable)
 Criminal History (CCH) National Sex Offender Public Website

Application Approved: Yes No

Approved By: _____ Date: _____

PLEASE PRINT AND ATTACH ALL RELEVANT DOCUMENTS TO THIS PACKET

NOTES: