



SHERIFF KALVIN D. BARRETT DANE COUNTY SHERIFF'S OFFICE

115 W. Doty Street
Madison, WI 53703
www.danesheriff.com



CITIZEN RIDE-ALONG APPLICATION

SECTION 1: RIDE ALONG APPLICANT INFORMATION				
LAST NAME		FIRST NAME		M.I.
ADDRESS		CITY	STATE	ZIP
HOME PHONE	WORK PHONE		CELL PHONE	
EMAIL ADDRESS				
DATE OF BIRTH		SEX	RACE	
BRIEFLY EXPLAIN YOUR INTEREST IN THE RIDE-ALONG PROGRAM				
DO YOU ANTICIPATE APPLYING FOR THE POSITION OF DEPUTY SHERIFF WITH OUR AGENCY IN THE FUTURE?				
<input type="checkbox"/> Yes - In the current hiring process		<input type="checkbox"/> Yes - In the next 1-2 years		
<input type="checkbox"/> No		<input type="checkbox"/> Yes - I am at least 3 years from applying		
DATES PREFERRED:	FIELD	SECURITY	SUPPORT	ADMIN
SHIFT PREFERRED:	7 AM – 3 PM	3 PM – 11 PM	11 PM – 7 AM	8 AM – 4 PM
SECTION 2: WAIVER OF LIABILITY				
In consideration of being permitted to ride in a vehicle owned and operated by the County of Dane or to accompany employees of the Dane County Sheriff's Office on any call, I understand that I will be required to sign a RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT.				
Signature: _____		Date: _____		
Parent/Guardian Signature (required if under 18):				
SECTION 3: TO BE COMPLETED BY DEPARTMENT PERSONNEL				
DATE RECEIVED	ASSIGNMENT MADE BY		DATE SENT TO DIVISION	
	<input type="checkbox"/> Admin. Asst. <input type="checkbox"/> Other: _____			
<input type="checkbox"/> SHERIFF'S OFFICE RECORDS		<input type="checkbox"/>		<input type="checkbox"/> WORCS
ASSIGNED DEPUTY/PRECINCT or DIVISION		SHIFT	DATE	HOURS
ADDITIONAL COMMENTS:				
SECTION 4: HOSTING DEPUTY INFORMATION				
DATE/TIME OF RIDE-ALONG	HOSTING DEPUTY SIGNATURE		SUPERVISOR/OIC APPROVAL	
DEPUTY OBSERVATIONS/COMMENTS				

The completed application should be emailed to:	ridealongs@danesheriff.com
Or mailed to the address above, to the attention of Field Services Ride-Along Coordinator.	



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RIDE-ALONG RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT FOR ADULTS

PLEASE READ CAREFULLY BEFORE MAKING A DECISION WHETHER TO SIGN.

In consideration of being permitted to ride in a vehicle owned and operated by the County of Dane and to accompany deputies of the Dane County Sheriff's Office on a call ("ride-along"), I do hereby release the County of Dane, its deputies, officials, employees, and agents, from any and all liability including but not limited to, damage to or loss of personal property, sickness, injury from whatever source, pecuniary losses, imprisonment, and/or death, which might occur as a result of me being a passenger in a vehicle owned and operated by the County of Dane or accompanying a deputy.

Dane County Sheriff's Office peace keeping activities may involve exposure to dangerous individuals, traumatic or volatile situations, and/or dangerous weapons. As part of this ride-along opportunity, I understand that I am subjecting myself to certain risks, including serious bodily injury and even death; that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, the negligence of the County of Dane, its employees or others, and that there may be other risks either known or unknown or not foreseen at this time. I fully understand the risks. I also understand that I am solely and fully responsible for my actions. Furthermore, while engaged in such activities I will make safety my primary concern and at all times use and implement proper procedures and precautionary measures.

I understand that my involvement in this activity is entirely voluntary and I freely choose to participate. I agree to conduct myself in a safe and appropriate manner, at all times. I acknowledge that the County of Dane does not provide any kind of medical coverage for me, should I be injured or killed as a result of participation in this ride- along opportunity.

RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION

IN CONSIDERATION OF THE OPPORTUNITY TO BE PERMITTED TO RIDE-ALONG IN A VEHICLE OWNED AND OPERATED BY THE COUNTY OF DANE, I HEREBY WAIVE AND RELEASE THE COUNTY OF DANE, ITS EMPLOYEES, OFFICERS, OFFICIALS, AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO MYSELF AS A CONSEQUENCE OF MY PARTICIPATION IN ANY RIDE- ALONG. IN FURTHER CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN ANY RIDE- ALONG, I AGREE TO HOLD HARMLESS, INDEMNIFY, ANSWER AND DEFEND THE COUNTY OF DANE, ITS EMPLOYEES, OFFICERS, OFFICIALS AND AGENTS FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE RELATED TO, MY PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN AND MY PARTICIPATION IN ANY RIDE-ALONG.

I acknowledge that I have read this one page release, waiver of liability, and indemnification agreement and I fully understand it.

Please Print Name of Participant

Signature of Participant

Date



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RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION

IN CONSIDERATION OF _____, A MINOR, BEING PERMITTED TO RIDE-ALONG IN A VEHICLE OWNED AND OPERATED BY THE COUNTY OF DANE, I INDIVIDUALLY AND AS A PARENT OR LEGAL GUARDIAN OF SAID MINOR, HEREBY WAIVE AND RELEASE THE COUNTY OF DANE, KALVIN BARRETT, SHERIFF OF DANE COUNTY, EMPLOYEES, DEPUTIES, OFFICIALS, AND AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES RESULTING TO THE ABOVE-NAMED MINOR AS A CONSEQUENCE OF THE ABOVE-NAMED MINOR'S PARTICIPATION IN ANY RIDE-ALONG. IN FURTHER CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN ANY RIDE-ALONG, THE ABOVE- NAMED MINOR AGREES TO HOLD HARMLESS, INDEMNIFY, ANSWER AND DEFEND THE COUNTY OF DANE, SHERIFF KALVIN BARRETT, EMPLOYEES, DEPUTIES OFFICIALS AND AGENTS FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, AND ANY LIABILITIES, LOSS, DAMAGES OR COSTS WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE ON ACCOUNT OF, OR IN ANY WAY BE RELATED TO, THE ABOVE-NAMED MINOR'S PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN AND THE ABOVE-NAMED MINOR'S PARTICIPATION IN ANY RIDE-ALONG.

I acknowledge that I have read this one page release, waiver of liability, and indemnification agreement and I fully understand it.

Please Print Name of Participant

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date of Signature

NOTE: Parent/Legal Guardian's signature must be witnessed by either a Sheriff's Office deputy or Supervisor or notarized in order to be a valid permission.