



SHERIFF KALVIN D. BARRETT DANE COUNTY SHERIFF'S OFFICE



CITIZEN RIDE-ALONG APPLICATION

Please complete the application and mail / email to:

Dane County Sheriff's Office
Attn: Ride-along Coordinator
115 W. Doty St.
Madison, WI 53703
ridealongs@danesheriff.com

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	AGE	SEX	RACE	PRONOUNS	DRIVER'S LICENCE/IDENTIFICATION #		STATE
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:							
<input type="checkbox"/> 7am-3pm		<input type="checkbox"/> 3pm-11pm		<input type="checkbox"/> 11pm-7am		<input type="checkbox"/> 8am-4p	
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: COVID-19 VACCINATION PROTOCOL							
I agree to provide proof of full vaccination against COVID-19 or I will submit documentation of a negative COVID-19 test that was taken within three days of my ride-along. Proper masks will be required in the squad and upon entering any buildings.							
Signature: _____				Date: _____			
SECTION 4: 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 BACKGROUND CHECK				COMPLETED BY:			
ASSIGNED DEPUTY/PRECINCT or DIVISION			SHIFT	DATE	HOURS		
ADDITIONAL COMMENTS:							
SECTION 5: HOSTING DEPUTY INFORMATION							
DATE/TIME OF RIDE-ALONG		HOSTING DEPUTY SIGNATURE			SUPERVISOR/OIC APPROVAL		
DEPUTY OBSERVATIONS/COMMENTS							



SHERIFF KALVIN D. BARRETT DANE COUNTY SHERIFF'S OFFICE



RIDE-ALONG RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT - ADULT

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.

NAME OF PARTICIPANT _____

SIGNATURE OF PARTICIPANT _____

DATE _____

Date of Ride: _____

Employee Name/ID #: _____

Time of Ride: _____

Supervisor Approval: _____



SHERIFF KALVIN D. BARRETT DANE COUNTY SHERIFF'S OFFICE



CITIZEN RIDE-ALONG RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT - MINOR

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 an officer.

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 - MINOR

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.

PRINTED NAME OF PARENT/LEGAL GUARDIAN _____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

DATE _____

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

PRINTED WITNESS NAME: _____

WITNESS SIGNATURE & DATE: _____

Date of Ride: _____

Employee Name/ID #: _____

Time of Ride: _____

Supervisor Approval: _____