



COUNTY OF SACRAMENTO

Probation Department

8745 FOLSOM BOULEVARD. SACRAMENTO, CA 95826

TELEPHONE (916) 875-0300

FAX (916) 875-0203



JAMAL ROWE
CHIEF PROBATION OFFICER
COUNTY PAROLE OFFICER

RIDE-ALONG PROGRAM

RULES AND REGULATIONS

The Ride-Along Program offers members of the public the opportunity to interact with officers from our Department. The program seeks to increase public awareness regarding the functions of Probation Officers and introduces the wide-range of services the Department provides the community. The Ride-Along Program is available to the following individuals:

- Off-duty Probation Department employees, (sworn & non-sworn)
- Students
- Representatives from other County Agencies
- Members of local professional organizations
- Media
- Interested in a Law Enforcement career

The following rules are provided to make your experience as safe and pleasant as possible. Failure to adhere to any of these rules will result in the immediate termination of the ride-along, and disqualify you from future participation.

1. Participants must follow the reasonable directives of their hosting officer at all time.
2. All participants shall be required to be appropriately dressed during their ride-along. Clothing must cover legs, feet, midriff, and shoulders. No t-shirts, tank tops or sandals are permitted.
3. Carrying any type of weapon, including: firearms, knives, or chemical agents, is strictly forbidden.
4. Cameras or any other recording equipment will be allowed only with prior permission and approval. Any material photographed or recorded in any way may be subject to review and censorship by an Assistant Chief Probation Officer or his/her designee.
5. Participation in the Ride-Along Program is limited to once a year. Additional requests may be considered on a case-by-case basis.
6. Participants shall not participate in any situation or investigation either by handling evidence or having any physical or verbal contact with any victims, probationers or suspects.
7. Participants shall not be allowed to operate any county vehicle, or handle any officer safety equipment or weapon.
8. Participants shall not impede the Probation Officer in the performance of his/her duties.
9. In the event that a potentially dangerous situation arises, the participant shall immediately return to the officer's vehicle and remain there as long as it remains safe to do so or until further notice.



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NAME (Last, First, Middle)			
ADDRESS		CITY	STATE
ZIP			
HOME PHONE NUMBER		DRIVERS LICENSE NUMBER OR STATE ID NUMBER	
DATE OF BIRTH	AGE	PARTICIPANT REFERRED BY	
CHOOSE APPLICANT TYPE: <input type="checkbox"/> Off Duty Probation Department Employee <input type="checkbox"/> Student <input type="checkbox"/> Representative from Other County Agency <input type="checkbox"/> Member of local professional agency <input type="checkbox"/> Media <input type="checkbox"/> Interested in a Law Enforcement Career NAME OF SCHOOL, COUNTY AGENCY/DEPARTMENT, ETC.:			
HAS APPLICANT EVER APPLIED/PARTICIPATED IN RIDE-ALONG BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, DATE OF RIDE-ALONG: _____			
AVAILABLE DAYS AND HOURS FOR RIDE-ALONG			
DOES APPLICANT HAVE ANY LAW ENFORCEMENT EXPERIENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> DOES APPLICANT HAVE ANY MEDICAL TRAINING (i.e. EMT, Medic)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES TO EITHER QUESTION, IN WHAT CAPACITY?			
ANY SIGNIFICANT MEDICAL OR PSYCHOLOGICAL PROBLEMS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE EXPLAIN:			
IN CASE OF EMERGENCY PLEASE CONTACT: CONTACT NUMBER(S): RELATIONSHIP TO APPLICANT:			
HAS APPLICANT EVEN BEEN ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE INDICATE DATE AND COUNTY OF OFFENSE			
PLEASE PROVIDE A BRIEF EXPLANATION REGARDING THE NATURE OF YOUR INTEREST IN PARTICIPATING IN THIS PROGRAM (Class assignment, work experience, media related, etc.)			

I UNDERSTAND THAT MY INVOLVEMENT IN THE RIDE-ALONG PROGRAM IS STRICTLY VOUNTARY AND I WILL NOT HOLD THE PROBATION DEPARTMENT OR THE COUNTY OF SACRAMENTO LIABLE IN THE EVENT OF ANY POTENTIAL STRESS, INJURY OR DEATH, WHICH MIGHT OCCUR AS A RESULT OF MY PARTICIPATION.

SIGNATURE: _____

DATE SIGNED: _____



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FOR DEPARTMENT USE ONLY

1) Date Received _____		
2) Records/Warrant Check Completed? YES___ NO___ N/A___ Date Completed: _____		
3) Applicant Eligible? YES___ NO___		
4) Sent to Assistant Chief Deputy: _____ Date Sent: _____		
5) Assigned to Supervisor: _____ Date Sent: _____	OR	6) Assigned to (Host Officer) _____ Date: _____
7) Ride-Along Date: _____ Confirmed: YES___ No___		
8) Ride-Along Completion Form Signed By Host Officer's Supervisor YES___ NO___		
9) Completed Application Packets & Completion Form Forwarded to Background Unit, Supervising Probation officer Date Sent: _____		

NOTE TO THE HOST OFFICER:

- Provide radio operator with a copy of the approved application on the day of the scheduled ride-along.
- Once the ride-along commences, notify the radio operator that a ride-along is in process.

CC: Radio Operator



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SACRAMENTO COUNTY PROBATION DEPARTMENT RIDE- ALONG PROGRAM CONFIDENTIALITY AGREEMENT

During the course of the ride-along, confidential and sensitive information may be presented. Confidential information is any information of any kind, nature, or description concerning any matters affecting or relating to The Sacramento County Probation Department, the business or operations of The Sacramento County Probation Department and/or the products, processes, or other data and/or information.

The undersigned will hold the Confidential Information received in strict confidence, shall not disclose or divulge either directly or indirectly, will not reproduce the Confidential Information nor use this information for any other purposes.

Signature of Applicant

Date Signed

Printed Name



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SACRAMENTO COUNTY PROBATION DEPARTMENT RIDE-ALONG PROGRAM LIABILITY RELEASE FORM

INDEMNIFY AND HOLD HARMLESS AGREEMENT

Whereas the undersigned, has made a voluntary request for permission to ride as a guest observer in a county vehicle at a time when such a vehicle is operated and staffed by members of the Sacramento County Probation Department, and has further requested permission to accompany a member or members of said Probation Department during the active performance of their official duties as Probation Officers.

Therefore, in consideration of the County of Sacramento, by and through the Probation Department, in making available to the undersigned the necessary personnel and the use of its vehicles and other facilities for the purpose of an officer accompanied ride-along, the undersigned specifically agrees to knowingly hereby assumes any and all risks arising in the course of said activity.

The undersigned specifically agrees to indemnify and hold harmless the County, its agents, officers and employees. The undersigned also specifically agrees to indemnify and hold harmless of the County, its Officers, Agents, and Employees from and against any and all claims, loss, damage and liability for injury to the person or property of another or others, directly or indirectly caused by the undersigned's misfeasance or malfeasance occurring while riding as a guest or observer in any Sacramento County Probation Department vehicle or while accompanying a member of said department during the active performance of his or her official duties as a probation officer.

Signature of Applicant

Date Signed

Printed Name



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SACRAMENTO COUNTY PROBATION DEPARTMENT RIDE-ALONG BACKGROUND AUTHORIZATION FORM NON-EMPLOYEE BACKGROUND AUTHORIZATION

BACKGROUND AUTHORIZATION

I understand that a criminal background check and a warrant check may be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the United States of America and agencies of the State of California to release to the Sacramento County Probation Department any and all information related to or pertaining to me, for the limited purpose of aiding the Probation Department in evaluating my eligibility for participation in the Ride-Along Program.

This release extends to any and all information, which said agencies may have regarding me, whether public, personal or confidential. I understand that I will not receive, and am not entitled to know the contents of confidential reports received from these agencies and I further understand that these reports are privileged.

I hereby release, discharge and agree to hold harmless the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records and other information. This release shall be binding on my legal representatives, heirs, and assignees.

Signature of Applicant

Date Signed

Printed Name

Note:

***IF THE APPLICANT IS NOT EMPLOYED BY THE PROBATION DEPARTMENT,
THIS FORM MUST BE SUBMITTED WITH THE APPLICATION.***



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RIDE-ALONG PROGRAM

RULE ACKNOWLEDGEMENT FORM

I have read the Sacramento County Probation Department's Rules and Regulations applicable to the Ride-Along Program. I understand the Department's Rules and Regulations and have been given the opportunity to ask appropriate questions.

By signing this document, I am acknowledging that I understand the Probation Department's Rules and Regulations applicable to the Ride-Along Program, and further, indicate my ability and willingness to abide by these rules.

Signature of Applicant

Date Signed

Printed Name

Host Officer



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RIDE-ALONG PROGRAM

RIDE-ALONG COMPLETION FORM

Name of Ride-Along Participant: _____

Date of Ride-Along: _____

Host Officer: _____
(Please Print Name Legibly)

Host Officer: _____
(Signature)

Supervisor of Host Officer: _____
(Signature)

Please note any comments you may have regarding the above Ride-Along and/or participant:

Note to the Host Officer: FORWARD THIS DOCUMENT AND ENTIRE APPLICATION PACKET TO PROBATIONBACKGROUND@SACCOUNTY.GOV UPON COMPLETION.