



INDIAN RIVER COUNTY

SHERIFF'S OFFICE

PROTECT  PREVENT  SOLVE

RIDE-ALONG RELEASE AND WAIVER

I, _____, of _____, for and in consideration of the Indian River County Sheriff's Office allowing me to participate in a Ride Along Program which entitles me to be present in patrol cars of the Indian River County Sheriff's Office during the actual working hours of Deputy Sheriff's on patrol; to be present in the Indian River County Sheriff's Office buildings; and to be permitted to observe the activities of the Sheriff's Office do hereby agree as follows:

1. I acknowledge and understand that in participating in this program I am exposing myself to all those risks usually associated with law enforcement activity and that I expressly assume such a risk.
2. I further understand that while participating in this program that I will be assigned to one or more Deputy Sheriffs and I further agree that at all times I will obey any command of those Deputy Sheriffs or their supervisors.
3. I further do hereby for myself, my heirs, executors and administrators remise, release and forever discharge the Indian River County Sheriff's Office and its agents and personnel of and from all manner of actions, causes of action, suits, debts, claims, damages or injuries, whatsoever in law or equity which I might have against the Indian River County Sheriff's Office, its agents, deputies and appointees by reason of any cause or thing whatever.
4. I also fully understand that the observer's notes and comments are an official document of the Indian River County Sheriff's Office, which is governed by the Public Records Statute 119.

Signature

Name: [FML] _____

Address: _____

Phone: _____ Date of Birth: ____/____/____

Race _____ Gender _____ Last Four Social Security Numbers _____

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

Before me this day personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this ____ day of _____, 20____.

Supervisor Approval: _____

NOTARY PUBLIC _____

Date: _____

My Commission Expires: _____

Criminal History Completed by _____

Criminal History Results: _____



INDIAN RIVER COUNTY SHERIFF'S OFFICE

PROTECT PREVENT SOLVE

OBSERVERS RIDE ALONG PROGRAM COMMENTS

_____ (Name)

(Date)

_____ (Deputy Assigned to:)

(Watch/Hours)

Comments:

(Observer's Signature)



Security Awareness Acknowledgment for Non-Criminal Justice Personnel*

I, _____, have read the following, or have had it read and explained to me, and understand and agree that:

My duties require me to work or be present in areas where Criminal Justice Information (CJI) may be seen. I realize that this information is sensitive in nature and will not discuss or reveal any CJI to anyone.

CJI refers to state and federal criminal justice data, which may include case/incident information, identity information (including fingerprints and other forms of biometric data), and property (such as vehicle or firearm) data.

Access to or use of CJI (such as viewing, reading, copying, sharing) is strictly limited to official purposes, specifically the **administration of criminal justice**.

The term "administration of criminal justice" is defined in state law, at Section 943.045(2), Florida Statutes, as follows:

"Administration of criminal justice" means performing functions of detection, apprehension, detention, pretrial release, post-trial release, prosecution, adjudication, correctional supervision, or rehabilitation of accused persons or criminal offenders by governmental agencies. The administration of criminal justice includes criminal identification activities and the collection, processing, storage, and dissemination of criminal justice information by governmental agencies.

My work-related duties, as defined by my employer and understood by me, do not in any way involve the administration of criminal justice, as defined above.

In the course of my work-related duties, I may see or learn of (as by hearing mention of) CJI.

Because I have no responsibility or authority for handling CJI, I will not access, use, view, copy, disseminate, or disclose (in writing or in conversation) CJI, nor will I take part in the physical destruction of CJI. I am aware that doing so would be considered misuse of CJI.

I further understand that misuse of CJI is not limited to situations in which the CJI is used by me or others for purposes or in a manner that could be punished under the criminal laws of Florida or of the United States.

I acknowledge that misuse of CJI may subject me to administrative action (such as termination of employment or contract), civil penalties and/or criminal penalties.

I agree and commit that if I hear, see, or otherwise become aware of actual or potential misuse of CJI, or of a situation that may cause or contribute to the misuse of CJI, I will promptly report same to: **Renee Raia (772)978-6220**

Security Awareness Acknowledgment (Continued)

I agree and commit that I will not allow, by action or inaction, the unescorted entry into any secure (protected) area by anyone who is not known to me to be authorized to enter such area.

I have read and understand the information above regarding the importance of protecting CJI, and have asked and received a satisfactory answer to any questions I had concerning the duties and restrictions imposed on me with respect to CJI.

Signature of Individual

Date

Company Employing the Individual

I hereby confirm that the above signed individual has read the above document (or had it read to him or her), and been given the opportunity to ask questions. I have answered any questions and/or clarified any issues he or she posed regarding information security requirements.

Signature of Criminal justice Agency Representative

Date



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ORI

Copy: File
Renee Raia

