INDIAN RIVER COUNTY SHERIFF'S OFFICE

Sheriff Eric Flowers

RIDE-ALONG APPLICATION
INFORMATION & INSTRUCTIONS

SUBMISSION:

Complete the Ride-Along Release & Waiver and the Security Awareness Acknowledgement.

Submit the completed forms to our reception/front window staff in our main lobby.
4055 41st Ave.
Building H
Vero Beach, FL 32960
Lobby hours: 8AM - 5PM, Monday – Friday

Please note- the Ride-Along Release & Waiver must be notarized. Our Central Records staff can notarize it for you for no charge, when you turn in the forms. Be sure that you do not sign the form until you are in front of the notary.

Have your identification with you.
Be prepared to be fingerprinted at the time of submission.

PROCESSING:

Central Records staff will process your fingerprints and complete a background check.

The results for the fingerprints and background check will be forwarded to the Captain of the Law Enforcement Operations Division, who will approve or deny the ride-along request.

If your ride-along request is approved, you will receive a link in your email to complete CJIS (Criminal Justice Information Systems) training prior to the ride-along. Upon completion of the training, please email your CJIS certificate to recordssupervisor@ircsheriff.org, or print the certificate and bring it to the reception/front window staff in the Building H lobby.

If the ride-along is approved, the captain's division coordinator will contact you by phone to schedule the ride-along. If denied, you will be notified by letter.

ATTIRE:

Business casual- slacks and collared shirt (polo or button down).
Comfortable closed toe shoes.

No tactical clothing or gear will be permitted (BDU/Cargo pants, combat boots, ballistic vests, or holsters, or weapons of any kind).

No audio or video recording of any kind is permitted.

KEEP THIS INSTRUCTION PAGE FOR FURTHER USE.

INDIAN RIVER COUNTY SHERIFF'S OFFICE

Sheriff Eric Flowers

RIDE-ALONG RELEASE AND WAIVER

BENEVOLENCE. INTEGRITY. PROFESSIONALISM. TRANSPARENCY.

I, _____, 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: ___/___/_____ DL#: _____

Race: _____ Gender: _____ Last Four Social Security Numbers: _____

Email Address: _____

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_____.

Criminal History Completed by: _____

Criminal History Results: _____

OBSERVERS RIDE ALONG PROGRAM COMMENTS

All questions must be completed prior to Ride Along:

1. I wish to participate in a Ride Along for the following reasons:
   _____
   _____
2. Name of Person and Contact Information of the individual referring you:
   _____
   _____
3. Dates and Times you are available for Ride Along:
   _____
   _____
4. If you are a law enforcement academy student, provide the academy name and class number:
   _____
   _____

COMMENTS AFTER RIDE ALONG (Observer):

_____
_____
_____
_____
_____
_____

_____
(Observer's Signature)

COMMENTS AFTER RIDE ALONG (Deputy):

_____
_____
_____
_____
_____
_____

_____
(Deputy's Signature)

TO BE COMPLETED AFTER RIDE ALONG

Name: _____ Date of Ride Along: _____

Deputy Assigned to: _____ Shift/Hours: _____