



# **SHERIFF**

## **SEMINOLE COUNTY**

### **FACT SHEET ABOUT THE RIDE-ALONG PROGRAM**

The Sheriff's Office encourages community interest and involvement in the law enforcement process and allows citizens to ride as observers in Sheriff's Office patrol vehicles. Persons wishing to ride as observers must follow the protocol established below to ensure their safety and the safety of our deputies.

Those wishing to ride as an observer need to come to the Human Resources Division of the Sheriff's Office at **100 Eslinger Way Sanford FL. 32773 on Thursdays between the hours of 9:00am and 4:00pm for fingerprinting**. During this initial contact, Human Resources will advise the prospective participant of the requirements for the Ride-Along Program. Persons under the age of 18 are not permitted as Ride-Along participants with the exception of Youth Deputies.

When the prospective participant comes in for fingerprinting, they will be asked to present their valid Florida Driver's License or other appropriate picture identification to verify identity and be required to submit the completed Rider Release Form. Prospective participant will then be emailed with Security Awareness course instructions. This course can be completed from any computer. Once the course is completed and the prospective participant is approved, Human Resources will email the participant that they may contact either the East, South, or North Divisions to schedule their Ride-Along.

Observers are under the supervision of the employees with whom they ride. They are **not** allowed to: assist with criminal interrogations or physical confrontations; exit the vehicle except upon specific instructions; or possess a firearm or other weapon.

# SEMINOLE COUNTY SHERIFF'S OFFICE

## RIDER RELEASE FORM

In consideration of the privilege being granted me by the Seminole County Sheriff's Office to accompany a deputy during the performance of his duties and be a passenger in a Seminole County Sheriff's Office vehicle, I hereby assume all risk of personal injury and death which may occur while accompanying the deputy during the performance of his duties and riding in the Seminole County Sheriff's Office vehicle. I assume this risk with knowledge of the dangers associated with law enforcement, including, but not limited to being assaulted or battered by an individual, wounded or killed with a weapon, or involved in a vehicle accident. In consideration of this privilege, I hereby and agree to indemnify and save harmless Sheriff Dennis M. Lemma, his officers, employees, agents, and their successors, heirs, and assigns, from any and all claims of liability or damages whatever nature allegedly arising from or related in any way to my accompaniment of the deputy during the performance of his duties and my riding in a Seminole County Sheriff's Office vehicle.

I acknowledge that any information heard or seen while I am either in the Seminole County Sheriff's Office building or within a Seminole County Sheriff's Office vehicle, which falls under the purview of CJI (Criminal Justice Information) is CONFIDENTIAL and I agree to not discuss, disclose, share any and all CJI (Criminal Justice Information) with anyone other than those persons who have the authority to receive, discuss, or disseminate (e.g. law enforcement, Records personnel, etc.) the information.

I understand that the privilege granted me to ride in a Seminole County Sheriff's Office vehicle shall be exercised by me after I make specific arrangements with the Seminole County Sheriff or his authorized representative on days I plan to ride as an observer. I further understand that this privilege may not be exercised more than twice per month or more than twice during the Community Law Enforcement Academy. I also understand that it is my responsibility to contact the Division Commander to exercise this privilege, and that the length of each ride shall be mutually agreeable between me and the deputy sheriff with whom I am riding.

I will not use a personal cell phone or other device to record, memorialize or otherwise communicate any events which I may observe in the course of my participation and comply with any other mobile device restrictions as indicated to me by a Sheriff's office supervisor or employee. It is further understood and agreed by me that this privilege may be revoked at any time by the Sheriff or his authorized representative. Unless specifically authorized by the Seminole County Sheriff's Office, no observer may carry a firearm or any other weapon. All observers are required to wear appropriate casual business attire while riding.

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ BUSINESS/CELL PHONE: \_\_\_\_\_

E-MAIL (Please print legibly. This will be how we contact you): \_\_\_\_\_

What is your interest in participating in the Ride Along Program? (Check all that apply)

Current Applicant      Interested in SCSO Career      Seminole County Resident      Other \_\_\_\_\_

If you are a current applicant, for what position did you apply? \_\_\_\_\_

Request to ride with: \_\_\_\_\_

(Not required)

\_\_\_\_\_  
Participant Signature and Date

\_\_\_\_\_  
Witnessed by Sheriff's Office Employee/Number

***This form is to be returned to the Human Resources Division, Seminole County Sheriff's Office, 100 Eslinger Way, Sanford, Florida 32773 (407)-665-6621 when the participant is scheduled for fingerprinting.***



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME:
DATE OF BIRTH:
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

AGENCY REQUESTING BACKGROUND INFORMATION: Seminole County Sheriff's Office
ADDRESS: 100 Eslinger Way, Sanford, FL 32773

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature Date

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me this

day of, year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced