

BUTTE COUNTY SHERIFF RIDE ALONG PROGRAM APPLICATION

Name: Last, First, Middle, (Maiden)				Social Security Number		Driver's License Number		
Date		Street Address			City/State/Zip Code			
Phone	Gender	Race	Age	Date of Birth	Height	Weight	Hair	Eyes
Occupation		Name of Employer/School			Business Phone			
Do you have any past arrest or pending court cases? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes list the Date, Charge and Disposition:								
Please list any physical limitations?								
List previous participation in any Ride Along program. Include the Agency and Date participated.								
Are you an applicant with the Butte County Sheriff's Office? YES <input type="checkbox"/> NO <input type="checkbox"/>								

REQUESTED DAY OF THE WEEK AND TIME OF DAY (Check as many as practical)

SHIFT	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DAY	<input type="checkbox"/>						
NIGHT	<input type="checkbox"/>						

BACKGROUND AUTHORIZATION

I understand that a criminal check and a warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the State of California to release to the Butte County Sheriff's Office any and all information which said agencies or any of them have about me, for the limited purpose of aiding the Butte County Sheriff's Office in evaluating my eligibility for participation in the Ride Along Program. This release extends to any and all information which said agencies or any of them may have about 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 and confidential. I hereby release, discharge, and agree to hold harmless the agencies, their agents and representatives and any person furnishing such 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, and this release shall be binding on my legal representatives, heirs and assigns.

READ THE ABOVE STATEMENT COMPLETELY BEFORE SUBMITTING

I have read the Background Authorization statement and agree to it in its entirety.

FOR DEPARTMENT USE ONLY

<input type="checkbox"/> APPROVED	PATROL ADMIN SGT:	<input type="checkbox"/> DAMIAN	<input type="checkbox"/> DL CLEAR
<input type="checkbox"/> DISAPPROVED		<input type="checkbox"/> CCPOR	<input type="checkbox"/> CLEAR COUNTY
		<input type="checkbox"/> AFS	<input type="checkbox"/> WARRANT CLEAR
	DATE:	<input type="checkbox"/> XJAIL	<input type="checkbox"/> CRIM HISTORY
		<input type="checkbox"/> BJADS	<input type="checkbox"/> PAST RIDE OK
COMPLETED BY:			