



**GUEST PASSENGER AND OBSERVER  
REQUEST AND RELEASE**

**WHEREAS**, the Collier Co. Sheriff's Office (CCSO) owns and operates certain law enforcement vehicles within Collier County and certain other equipment and facilities, and does from time to time allow individuals to observe police activities in the company of Deputies, in CCSO vehicles, in restricted area, and in other places in Collier County, for the purpose of information and enlightenment to that individual as to the functions of CCSO, or further purposes in keeping with community relations policies or programs; and,

**WHEREAS**, the undersigned is desirous of riding in CCSO vehicles, and also of attending, witnessing, and observing CCSO activities in the company of and under the direct supervision of CCSO, which the undersigned considers to be in his/her best interest and a value to him/her, and therefore, requests the Sheriff to allow him/her to participate in such activities; and

**WHEREAS**, the undersigned fully understands that this request involves unusual danger to both his/her person and property, and that CCSO cannot insure or guarantee his/her safety as an observer or participant, and the undersigned further understands that if this request is granted that the undersigned assumes all risks arising out of the granting of this request including all damages to person and property of undersigned.

**WHEREAS**, the undersigned fully understands that at a minimum, this Agency will conduct a full Criminal History Background Check prior to Ride-Along approval. This could result in the applicant's denial to participate in the Ride-Along program.

**WHEREAS**, the undersigned fully understands has no responsibility or authority for handling Criminal Justice Information (CJI), I will not access, view, copy, photograph, 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.

**FOR AND IN CONSIDERATION OF** the permission and privileges extended to me pursuant to my request to ride in CCSO vehicles, and to attend, witness and observe CCSO activities in the company of Deputies, in CCSO vehicles, in restricted areas and in other places, I, for myself, my heirs, executors, and personal representatives, do hereby acknowledge that I am doing so freely and voluntarily, entirely on my own initiative, that I hereby accept all risk and responsibility, and do hereby indemnify and release and discharge the Collier Co. Sheriff's Office and the County of Collier, Florida, their officers, agents, and employees against and from any and all liability, claims, and right of action for my death, or injury to me or my property, or any other type of damage, which may occur at any time arising out of the granting of this request whether or not any such damages are due to alleged negligence of any Deputy, agent, employee or other working of CCSO or the County of Collier.

**THEREFORE**, I do hereby request permission of the Sheriff to observe police activities in the company of Deputies, in CCSO vehicles, in restricted areas in other places in Collier County for the following date and time (approval is for one (1) time only):

**DATE:** \_\_\_\_\_ **TIME:** (From/To) \_\_\_\_\_ **DISTRICT/BUREAU:** \_\_\_\_\_  
(Precise entry required) (Precise entry required) (Precise entry required)

Signature of Requestor \_\_\_\_\_ Printed Name of Requestor \_\_\_\_\_ Date of Request \_\_\_\_\_

Driver's License/ID # \_\_\_\_\_ State Issued: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone # where you can be reached \_\_\_\_\_ Email Address \_\_\_\_\_ Agency/Employer Name (DJJ, SAO, Etc.) \_\_\_\_\_

I am  am not  related to a CCSO Deputy: \_\_\_\_\_  
Deputy Name Id # Relationship

I have  have not  ridden before: (List all dates of previous rides below)

1.	2.	3.	4.
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I understand that I am authorizing CCSO to conduct a full a criminal history background investigation and that any negative results will result in this request being denied. \_\_\_\_\_

(Applicant's Signature)

**SWORN** to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, who has produced \_\_\_\_\_ as identification, or who is personally known to me and did/did not take an oath.

\_\_\_\_\_  
Notary Public (or L.E.O) My Commission Expires: \_\_\_\_\_

# INSTRUCTIONS

1. After you have signed and had notarized the front page of this form, you must take it to the District Substation/Unit/Bureau wherein you have requested to ride or fax to (239) 252-0965.
2. The District/Unit/Bureau Supervisor will indicate approval or disapproval of your request.
3. YOU MUST CONTACT THE APPROPRIATE DISTRICT SUBSTATION/UNIT/BUREAU **PRIOR** TO THE DATE/TIME YOU HAVE REQUESTED TO RIDE TO ENSURE THAT APPROVAL HAS BEEN RECEIVED FROM THE DISTRICT/BUREAU LIEUTENANT.
4. All news media, and other riders, must read, sign, and have notarized, the "Guest Passenger and Observer Request and Release Form" **PRIOR** to riding in CCSO owned and operated vehicles. **Non-agency, civilian requests shall be limited to one (1) Ride-along per person/applicant per quarter in the calendar year unless waived by the Sheriff, or his designee.**
5. All persons participating in the Ride-Along program shall present a positive, business-like dress image while participating in this program. Under no circumstances shall inappropriate clothing be tolerated. Do **not wear any apparel that might suggest that you are a law enforcement officer (i.e., T-shirt or hats with law enforcement logos)**. Examples of prohibited clothing include but are not limited to, slacks or pants with cargo pockets, shorts and any clothing revealing the back, midriff, flanks or shoulders, all halter, tank and tube tops, and any clothing article with spaghetti straps, revealing, sheer or low cut clothing, all casual jumpsuits, coveralls, sweat suits and sweatshirts, all clothing displaying inappropriate advertising or writing. Shoes must be non-slip type of sole, (sneakers are preferred), high heels and sandals are prohibited.
6. I am hereby requesting permission to observe police activities in the company of Deputies for the following reason and purpose (**ENTRY IS REQUIRED**): \_\_\_\_\_

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### **FOR AGENCY USE ONLY**

Name of Member recommending this person (if applicable): \_\_\_\_\_ SECTION: \_\_\_\_\_

Criminal History Background \_\_\_\_\_  
Member/ID completing check \_\_\_\_\_ DATE \_\_\_\_\_

CJIS Security Awareness Training Completed: (Date/ID#) \_\_\_\_\_ (Validations to complete, email confirmation attached)

Previous Ride Along :

	1 <sup>st</sup> Experience	2 <sup>nd</sup> Experience	3 <sup>rd</sup> Experience	4 <sup>th</sup> Experience
Date:				
District / Bureau:				

\_\_\_\_\_  
Member completing check

\_\_\_\_\_  
ID#

\_\_\_\_\_  
DATE Check Completed

### **RECOMMENDATIONS (IF APPLICABLE):**

APPROVED  DISAPPROVED \_\_\_\_\_  
IMMEDIATE SUPERVISOR (Only if CCSO Member) \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED  DISAPPROVED \_\_\_\_\_  
DISTRICT/BUREAU SUPERVISING SERGEANT \_\_\_\_\_ DATE \_\_\_\_\_

### **FINAL AUTHORITY:**

APPROVED  DISAPPROVED \_\_\_\_\_  
DISTRICT/UNIT/BUREAU \_\_\_\_\_ DATE \_\_\_\_\_