



## GRAND ISLE COUNTY SHERIFF'S DEPARTMENT

P.O. Box 168, North Hero, VT 05474

Office: 802-372-4482

Fax: 802-372-5771

### CITIZEN RIDE-ALONG PROGRAM

We appreciate your interest riding and observing the Grand Isle County Sheriff's Department and we hope we will both benefit from your ride with one of our patrol deputies. In order to maintain efficiency at the Sheriff's Department and provide for your safety, we request that you read and understand the following instructions:

1. The officer with whom you ride takes considerable time and effort in preparing for duty. Your appearance while riding reflects upon the officer and this department. Since our department serves all members of the community, we would appreciate you taking a conservative approach in considering your attire while riding.
  - Please do not wear soiled or tacky clothing.
  - Please do not wear jeans.
  - Please do not wear inappropriate clothing or adornments.
  - Males: Slacks and a sport shirt are acceptable; however, a tie and shirt or sport coat is preferred.
  - Females: A blouse or sweater and skirt are acceptable; however, we would recommend slacks.
  - As a general rule, if you think about what will appear neat and acceptable to the entire community, you will be properly dressed.
2. You will be given a tour of the Grand Isle County Sheriff's Department. Please do not handle equipment, reports or go into files or records, as many of our files are confidential. They must remain that way if we are to maintain our integrity, as well as the integrity of those persons we arrest. A person arrested or questioned has a right to expect such confidentiality.
3. The deputy will attempt to take you on calls that are assigned. These will include assignments such as family disturbances, fights, car stops, and other circumstances where the persons involved are in a higher emotional state. You may be exposed to inherently dangerous situations. You must immediately follow all instructions from the deputy in order to minimize the danger to you, the deputies, and other persons involved.
4. The officer will also try to include you in other aspects of the job, such as booking of prisoners and questioning witnesses and complaints. This is done so that you will have as complete an idea as possible about police work. We hope that you will ask the officer questions when you do not understand why he or she takes a particular action. Questions should be asked at an appropriate time and must not interfere with the officer's duties or citizen's problems.



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5. In return, you must understand that there will be times when a deputy will not be able to allow you to accompany him or her and observe all that occurs. The decision as to when circumstances will require this must necessarily be left to the individual deputy. Examples of these situations:

- Incidents where the danger to you is substantial.
- Incidents where your presence may substantially increase the danger to the officer or other persons involved.
- Incidents where your presence might jeopardize an equitable handling of the case.

If you have questions in cases of this nature, please ask the officer for an explanation, **AFTER THE EMERGENCY HAS PASSED.**

6. We request that you not converse with anyone placed under arrest, in-custody, or currently under investigation and also refrain from giving or taking anything from them. (Cigarettes, Money, Candy, etc...) This includes witnesses, victims and suspects. Should you have any questions concerning the aforementioned, please ask the officer to explain.

7. If you wish to participate in this program, complete the attached waiver and application forms. If you are under the age of 18, and over the age of 16, you must obtain signed permission from your parent or legal guardian and provide proof of your age (Driver's license or birth certificate) before you will be allowed to ride. You must submit your application during normal business hours (8:00 a.m. to 5:00 p.m.) at the Grand Isle County Sheriff's Department.

Submit your application at least one week prior to the date(s) you are available to ride. You will be contacted by a member of this department and told where and when to report for you ride.

At the completion of the ride-along program, please complete the Ride-Along Evaluation. This questionnaire will assist us in determining the success and effectiveness of the Grand Isle County Sheriff's Department.

Thank you for your interest in the Grand Isle County Sheriff's Department.

Ray C. Allen, Sheriff  
Grand Isle County Sheriff's Dept



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## CITIZEN RIDE-ALONG PROGRAM APPLICATION

|                     |                    |     |
|---------------------|--------------------|-----|
| NAME                | DATE               |     |
| DATE OF BIRTH       | DRIVER'S LICENSE # |     |
| ADDRESS             | CITY               | ZIP |
| HOME PHONE          | WORK/CELL PHONE    |     |
| SCHOOL/ORGANIZATION |                    |     |

### ***Name of person to notify in case of emergency:***

|            |                 |
|------------|-----------------|
| NAME       | ADDRESS         |
| HOME PHONE | WORK/CELL PHONE |

### ***What interested you in a ride-along with the Grand Isle County Sheriff's Department?***

|  |
|--|
|  |
|  |

### ***Have you ridden with the Grand Isle County Sheriff's Department before?***

|                              |                             |              |
|------------------------------|-----------------------------|--------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | IF YES, WHEN |
|------------------------------|-----------------------------|--------------|

### ***Dates desired to ride-along: (One week notice required)***

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

### ***Times or shift desired:***

### ***Deputy you prefer to ride with:***

|  |  |
|--|--|
|  |  |
|--|--|

*In order to participate in this program, you are required to sign (if a minor, you & a parent must sign) our form "Assuming Risk of Injury and Damage Waiver and Release of Claims and Indemnity Agreement." This form is attached and must be returned with this application.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(OFFICE USE ONLY)

INTEL  SPILLMAN  DMV  NCIC

CLEAR YES  NO

APPROVED  DENIED  BY: \_\_\_\_\_

DATE: \_\_\_\_\_

ASSIGNMENT DATE: \_\_\_\_\_ TIMES/SHIFT: \_\_\_\_\_

DEPUTY: \_\_\_\_\_



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**RELEASE AND WAIVER OF CLAIMS**

This Release is made by \_\_\_\_\_, DOB \_\_\_\_\_ of the Town of \_\_\_\_\_, County of Grand Isle, State of Vermont.

In consideration of the permission granted by the Grand Isle County Sheriff's Department to participate in a "Ride-Along Program" which entitles me to be present in patrol cars of the Department during actual working hours of Deputies, and to be present in Sheriff's Department stations, and to be permitted to observe the activities of the Grand Isle County Sheriff's Department, I hereby agree as follows:

1. I understand that in participating in this program I am exposing myself to the many risks associated with police activity. I understand that by way of example, but not intended as an exhaustive list, the activities will consist of travel in patrol cars which may become involved in high speed chases, and that I may be exposed to violent and unruly behavior from individuals. I hereby expressly assume these and all other risks associated with police activity.
2. I further understand that while participating in this program, I will be assigned to one or more Deputies and I agree that at all times I will abide by all orders of these Deputies; that I will refrain from interfering with the police while in the pursuit of their duties and that I will refrain from placing myself in any position which might endanger the lives and safety of myself, the Deputies, or others.
3. I hereby release and forever discharge, the State of Vermont, the county of Grand Isle, the Grand Isle County Sheriff's Department, and its agents, employees, and officers, from all actions, causes of action, damage claims, demands or judgments, which I, my heirs, executors, administrators, or assigns may have against the above for all injuries, of whatever nature, and injuries to property, caused by, or arising out of, the above described program.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof I have executed this release at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

At Town of \_\_\_\_\_, County of Grand Isle, State of Vermont, personally appeared and acknowledged the above instrument, sealed and subscribed by him/her, to be his/her own free act and deed and made with full knowledge of its significance.

Before Me,

\_\_\_\_\_  
Notary Public

If under eighteen years of age, parent or guardian must also sign below.

\_\_\_\_\_

At Town of \_\_\_\_\_, County of Grand Isle, State of Vermont, personally appeared and acknowledged the above instrument, sealed and subscribed by him/her, to be his/her own free act and deed and made with full knowledge of its significance.

Before Me,

\_\_\_\_\_  
Notary Public