



SHERIFF

KIT CARSON COUNTY

Travis Belden, Sheriff | Mike Jones, Undersheriff

Kit Carson County Sheriff's Office • 251 16th Street suite 103 Burlington, Colorado 80807 • Office: 719-346-8934 • Fax: 719-346-7282

Ride Along Application

NOTE: This document, in its entirety, is an application only, unless and until the applicant is approved for the ride along. Nothing in this document or anything attached to this document shall be construed to create any sort of binding obligation upon Kit Carson County, the Kit Carson County Sheriff's Office, its employees, agents, or assigns. The Ride Along process can be terminated by either the applicant or the Kit Carson County Sheriff's Office, or member or employee thereof, at any time, including during the course of the Ride Along.

Please PRINT all information clearly and completely. Illegible applications will result in a delayed approval.

Last Name: _____ First Name: _____ Middle: _____

DOB: _____ Race: _____ Social Security # _____ - _____ - _____ (optional)

Drivers License #: _____ State: _____

Address: _____

City: _____ State: _____

ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Reason for Applying: _____

Who Referred You? _____

In an Emergency Notify: _____ Relationship: _____

Emergency Contact Phone Number: _____

Emergency Contact Address: _____

City: _____ State: _____

Please list any ARRESTS or CHARGES brought against you by ANY AGENCY. Include any juvenile charges and all tickets or summons that required an appearance in court. Do not include traffic tickets that did not require mandatory appearance in court. FAILURE TO DISCLOSE ANY AND ALL ARRESTS OR CHARGES WILL RESULT IN DENIAL OF RIDEALONG.

Charges: _____

Note: Any false information will cause the applicant to be removed from the program. Applicants will be contacted by phone. This application will be valid for six (6) months.

Note: All applicants shall go through a background check consisting of driving history and status, criminal history, and any negative involvement with the Sheriff’s Office or other Law Enforcement Agencies.

Note: An observer shall be permitted to ride along more than (6) times per calendar year.

RELEASE OF LIABILITY

I release the Kit Carson County Sherriff's Office and the County of Kit Carson in whole from any liability while participating as a ride along person with a Kit Carson County Deputy while on routine patrol of Kit Carson County. I agree that I will not participate in any police actions and that I am riding along with a Deputy as just an observer.

Date

Ride along participant- Signature

Printed Name

(If under 18 years of age parents signature is required)

Parent's Signature

Parent's Printed Name

Deputy's Signature

