

Date Of Application: \_\_\_\_\_

**YADKIN COUNTY SHERIFF'S OFFICE**

**INTERNSHIP/RIDE-ALONG APPLICATION & LIABILITY RELEASE FORM**

Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer/School: \_\_\_\_\_

**Emergency Contact Information**

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **Waiver of Liability**

I, \_\_\_\_\_ as a participant in the Ride-Along program of the Yadkin County Sheriff's Office, for and in consideration of the opportunity to ride with and observe a deputy in the performance of his/her duties, agree to the following:

- (1) I hereby waive for myself, my heirs, executors, or administrators, any and all claims, demands, actions, or causes of action, against the Sheriff of Yadkin County his deputies, agents, employees, and of the County itself, of whatever kind of nature may arise in any manner by reason of injury or damage to my person, property, or both while I am riding in a patrol car, observing any operation, or participating in this program in any other manner.
- (2) I do hereby covenant and agree that I will never instigate any suit or actions against Yadkin County's Sheriff, his deputies, agents, or employees for any damages, loss, injury of any kind to my person, property, or both which may arise in any manner while I am riding in a patrol car, observing any operation, or participating in this program.
- (3) This agreement holds the Sheriff, his deputies, agents, and employees harmless for any injury, including but not limited to claims for wrongful death, arising in any manner to me while participating in this program.
- (4) I do hereby covenant, agree, and understand that if I am authorized to participate in the Ride-Along Program my only capacity will be that of a passenger/observer. I understand that I am not permitted to take part in any law enforcement action, assist, or perform any law enforcement task or function unless specifically requested to do so by the deputy I am assigned to ride with.

I have read the foregoing waiver and covenant not to sue. I understand that it constitutes a formal legal document.

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Signature of Participant

Date

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Signature of Parent/Guardian if applicable

Date

### **Yadkin County Sheriff's Office Policy**

1. All persons authorized to ride in patrol vehicles will participate in a passenger/observer capacity only. Participants will not be permitted to take part in any law enforcement action, assist in conducting investigations, or perform any other law enforcement task or function.
2. Participants are not permitted to operate any patrol vehicle, possess firearms or other weapons, or use equipment issued by the Yadkin County Sheriff's Office. Participants may use the communication system only in event of an extreme emergency.
3. All participants will wear appropriate clothing while participating in the Ride Along Program.
4. Participants must be 18 year or older with a valid ID or 16 years of age with parental consent and a valid ID.
5. Assignments will normally be limited to uniformed patrol units. Requests for other assignments must be reviewed and approved by the Sheriff or designee.
6. Situations may arise that would expose the participant to undue danger, violence, or other hazardous conditions, in such cases, the deputy will exercise discretion and will have the authority to temporarily leave the participant at a suitable location while responding to the call.
7. Any person submitting a request to participate in the patrol ride-along program may be rejected if such participation would not serve the best interests of the Sheriff's Office. Deputies having knowledge of facts or circumstances that would tend to show the person unsuitable for participation should advise a supervisor.

I have read the above policy and I understand that I am required to abide by its provisions at all times.

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Participant Signature

Print Name

Date

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Parent/Guardian Signature (if applicable)

Print Name

Date

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Sheriff's Signature/Sheriff's Representative

Date

## Preference Form

### INTERNSHIP QUESTIONS ONLY

Which area would you like to focus: Dispatch/Telecommunication  Deputy

Requested length of Internship (Day/Month/Other): \_\_\_\_\_

Requested Dates (If no specific dates input start & end month): \_\_\_\_\_

Preferred days of the week (Mark all that are available):

Mon.  Tue.  Wed.  Thur.  Fri.  Sat.  Sun.

Preferred Shift: Day  Night

Reason for Internship:

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### RIDE-ALONG QUESTIONS ONLY

Requested Dates (If no specific dates input start & end month): \_\_\_\_\_

Preferred days of the week (Mark all that are available):

Mon.  Tue.  Wed.  Thur.  Fri.  Sat.  Sun.

Preferred Shift: Day  Night

Reason for Ride-Along:

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**If approved for Internship or Ride-Along Program we will reach out to you to set up times. If you are under the age of 18 you will need to bring in this paperwork with a legal guardian before approval.**