

ST. CROIX COUNTY SHERIFF'S OFFICE

1101 Carmichael Road, Hudson, WI 54016

715-381-4320 Fax: 715-386-4606

www.sccwi.gov



Scott L. Knudson

Sheriff

Brent Standaert

Chief Deputy

Field Services

Investigations, Patrol, Court Services
715-381-4320 Fax: 715-386-4606

Corrections

Jail, Huber
715-386-4752 Fax: 715-381-4402

Support Services

Emergency Communications
Emergency Management, Records
715-386-4751 Fax: 715-386-4389

Ride-Along General Information and Guidelines

1. Use this application to apply for Patrol Ride Along.
2. Applicants must be eighteen (18) years of age or older.
3. Applicants who have been confined in the County Jail or any other jail or correctional facility within the proceeding twelve (12) months cannot be accepted.
4. A prior criminal record shall be a determining factor in an applicant's acceptance; however, each application will be reviewed.
5. If requested, applicants must appear at the St. Croix County Sheriff's Office to complete the application process.
6. Accepted Applicants must agree to abide by all departmental policies, rules and regulations and adhere to the regulations contained in the Ride Along Agreement. Failure to do so shall result in immediate termination from the Ride-Along.
7. Ride-Along Participants may be called as a witness in a court of law as a result of their activity and must abide by all applicable laws regarding the confidentiality of information pertaining to law enforcement action with anyone and any law enforcement interaction pertaining to juvenile subjects.
8. Ride-Along Participants shall not use any electronic recording devices while in a ride-along capacity.
9. Ride-Along Participants shall follow the patrol/jail/dispatch instructions at all times.
10. Once an application is approved, a member of the Sheriff's Office will contact the applicant to discuss scheduling an interview.
11. The dress code will be business casual.

St. Croix County Sheriff's Office Ride-Along Application

Identifying/Background Information

Please type or use black ink and write legibly. Complete entire application.

Full Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Home/Cell Phone: _____ Best time to call: _____

Work Phone: _____

Email Address: _____

Driver's License State and Number: _____

In case of an emergency, notify: Name: _____ Relationship: _____ Phone: _____

Employment References

Employer/Organization	Position	Date Range	Contact Name & Number

List three individuals (no more than one may be a family member) who can assess your employment, experience or give a character reference.

Name	Address	Phone	Relationship

Criminal Record/Treatment History

(The information requested is essential to conduct the record check. You are not legally required to supply this information. However, if you choose to withhold this information, a final decision on your application cannot be made.)

Date of Birth: month/date/year _____ Gender: Male Female Ethnicity _____

List any other names you are known or have ever been known by: _____

Have you ever been convicted of a law violation other than a minor traffic offense? Yes No

If yes, please describe: _____

Do you have any relatives or friends confined in the St. Croix County Jail? Yes No

If yes, please list name(s) and relationship(s): _____

Have you experienced drug/alcohol or mental health issues and/or received counseling or treatment for any of these issues? Yes No (You may wait to discuss details in a private interview.)

Interest Areas and Time Availability

Why would you like to do an ride along with the Sheriff's Office?

What would you like to do/observe in this capacity? _____

List any interests, knowledge, hobbies, or special skills you can share that pertain to this field:

How did you hear about or become interested in the ride-along program?

What are your scheduling preferences (days of the week and times):

Do you anticipate applying for the position of Patrol Deputy with our Agency in the future?

Yes – I am in the current hiring process

Yes – in the next 1-2 years

No

Yes – in the next 3 or more years to apply

Additional Information

Please list any additional information you feel would be of value in assessing your application or participation with the St. Croix County Sheriff's Office: _____

Acknowledgement and Permission to Conduct Record Check

I declare that all of the information that I have provided is true and correct to the best of my knowledge. I understand that any false or misleading information given will disqualify me from consideration or result in my termination if discovered later. I hereby give my permission for the St. Croix County Sheriff's Office to conduct a criminal record check on me and to obtain other reference information necessary for the purpose of assessing my volunteer application.

Signature of Applicant: _____ Date _____

Date application received: _____ approved by: _____ Date _____

Notice

You will be provided with a copy of the **Rules of Conduct Agreement, Confidentiality Agreement, Release of Responsibility, Assumption of Risk and Waiver**. These are being provided in advance so you can review them, determine your ability to meet the requirements and seek any legal advice. Upon acceptance by the Sheriff's Office into their Ride-Along program, you will be required to sign these forms in the presence of a witness.

RULES OF CONDUCT AGREEMENT

1. I agree to follow and abide by all departmental policies, rules and regulations.
2. I agree not to have any weapons or firearms unless approved by the Sheriff.
3. I agree to follow the instructions given me by the Sheriff's Office staff.
4. I agree not to use any personal device to record video, record audio or take pictures.
5. I shall refrain from giving subjects of police contact any identifying information about myself such as last name, address, personal phone numbers and place of employment.
6. I agree to contact the Sheriff's Office staff with as much advance notice as possible if I cannot fulfill my commitment.
7. I understand that the start time and end time of a Ride-Along can change on short notice and may make it necessary to cancel plans on short notice.
8. I understand that I will not be allowed to participate with the ride along program if I am intoxicated or under the influence of any controlled substance.
9. I understand that my Ride-Along may be ended by the Sheriff or designee at any time, without notice.
10. I will not bring any personal property, weapons or medication into the secure perimeter of the jail.
11. I will not take any property, equipment or supplies out of the Sheriff's Office or Jail.

The information contained in this agreement has been explained to me and I certify that I understand the contents. I agree to abide by the Rules of Conduct contained in this agreement. I further acknowledge that I have received a copy of the Guidelines for Participant in the Ride-Along program.

I understand that any violation of rules during the Ride-Along may result in suspension and/or termination of my status.

I am aware of the nature of the patrol division and will take due caution in the performance of my duties and will not hold the Sheriff's Office responsible for areas or events beyond reasonable control.

Signature of Applicant: _____ Date _____

CONFIDENTIALITY AGREEMENT

I understand all activities and information observed, overheard or resulting from my involvement as a volunteer during the Ride-Along program will be treated by me as confidential. I will not discuss this information with anyone outside this agency.

Signature of Applicant: _____ Date _____

ASSUMPTION OF RISK

I understand that the opportunity to ride along with a St. Croix County Sheriff's Office employee on calls for service, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries and/or illness. I am aware of the risks of participation, which include, but are not limited to, minor injury, such as bruises, contusions, broken bones, concussion, and catastrophic injuries, such as paralysis and even death. I acknowledge that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by St. Croix County. **I know, understand, and appreciate the risks that are inherent in the above-listed activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature of Applicant: _____ Date _____

HOLD HARMLESS, INDEMNITY AND RELEASE:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release St. Croix County and their officers, employees, agents, and volunteers from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, personal injury, or death which may result from my participation in the above-listed activity. This release includes claims based on the negligence of St. Croix County, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or recklessness. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature of Applicant: _____ Date _____