



# SHASTA COUNTY

## Office of the Sheriff



### *RIDE-ALONG PROGRAM*

Tom Bosenko  
SHERIFF - CORONER

#### WAIVER - BACKGROUND INVESTIGATION

Having made application to be a participant in the Shasta County Sheriff's Office Ride-Along Program, and for Officer safety considerations, I desire the Sheriff's Office to be informed as to my previous record and character in determining my qualifications and suitability. For this specific purpose, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature to a duly authorized agent of the Shasta County Sheriff's Office.

Examples of the type of information I am requesting that you provide are as follows:

*Criminal justice records of arrests, detentions, field citations, field interviews, officers' personal notebook notations, jail and custody information, booking information, traffic citations and traffic accident information, District Attorney records, court records and reports, probation and parole reports and records, laboratory reports and results, and any other criminal justice records, reports or information source, including psychological evaluations.*

I authorize the Sheriff's Office to read, review, or photocopy any documents that will allow them to assess my suitability to participate in the Shasta County Sheriff's Office Ride-Along Program. This waiver is valid for a period of eighteen (18) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original waiver even though it does not contain an original of my signature. I hereby release you, your organization and all others from liability or damage which may result from furnishing the information requested.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

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



# SHASTA COUNTY

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## Office of the Sheriff



### WAIVER OF LIABILITY

Tom Bosenko  
SHERIFF - CORONER

I, \_\_\_\_\_, the undersigned, do hereby hold the County of Shasta and the Shasta County Sheriff's Office and its agents and employees harmless from any liability resulting out of my participation in what is known as the Shasta County Sheriff's Office Ride-Along Program, and I do further waive any and all claims against the County of Shasta and the Sheriff's Office which I have now or may have in the future arising out of my personal participation in said program, and any future covenant not to sue the County of Shasta and the Sheriff's Office for damages resulting from my participation in said program, either in the past or in the future, whereas the undersigned acknowledges that the work and activities of said law enforcement agency are inherently dangerous, involving risk of injury and damage to persons and property. The undersigned also acknowledges that he/she took the initiative in participating in the above activity.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Driver's License Number and Expiration Date: \_\_\_\_\_

Prior Participation: YES [ ] NO [ ]

Preferred Date and Time For Ride-Along: \_\_\_\_\_

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***THIS PAGE FOR OFFICIAL USE ONLY***

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Reviewed by: \_\_\_\_\_ Approved

Denied

Officer Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

Time/From \_\_\_\_\_ To \_\_\_\_\_ Approved by: \_\_\_\_\_

**RECORDS/BACKGROUND CHECK FOR OFFICER SAFETY:**

Checked by LPC #: \_\_\_\_\_ Date: \_\_\_\_\_

RPD Records

RPD Warrants

APD Records

APD Warrants

SCSO Records

SCSO Warrants

LI   WPS   CII Rap Sheet

Officer Safety Comments: \_\_\_\_\_

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