

THURSTON COUNTY SHERIFF'S OFFICE PATROL RIDER APPLICATION

NAME				_DOB_		SS#	<u>-</u>	_ -	
	Last	First	Middle Initial						
ADDRESS									
		(Street)		(0	City)	(Sta	ate) ((Zip Code)	
Ht	Wt	Eye	esRace_		Last Driver's	License issu	ed in	State	
Phone			('						
	(Home	e)	('	Work)		(Messa	ge)		
Employe	Employerand/or School								
Reason for ride-a-long request									
Shift pref	erence for	ride (circle	one)		District prefe	erence for rid	e (check one))	
(0500-15	40) (09	00 -1940)	(1500-0140)		□Adam	□Boy	□David		
(1820-05	00) (22:	20-0900)	Any Shift		☐Charles	Edward	☐Any Distri	ct	
Rides will be up to 4 hours									
Have you ever been convicted of a criminal offense? Yes No If yes, please explain: All riders will be properly attired with care given to personal hygiene. Shorts (any style), torn jeans, tank tops, baseball caps, open toed/heel footwear, or poor hygiene will not be acceptable. When, in the deputy's judgement, it is appropriate to terminate the rider's participation in a particular police activity, the deputy has the following options: Upon receiving a call, the deputy may direct the rider to remain with the patrol vehicle. Upon receiving a call of a dangerous nature, the deputy may pull over to the first convenient and relatively safe location to drop the rider off while the deputy proceeds to the call. The deputy may return the rider to the courthouse and terminate the ride with cause. IF THIS REQUEST IS APPROVED, YOU WILL BE CONTACTED ABOUT 72 HOURS PRIOR TO YOUR ASSIGNED DATE. BY SIGNING THIS DOCUMENT, YOU ARE CONSENTING TO, AND AUTHORIZING THE THURSTON COUNTY SHERIFF'S OFFICE TO CONDUCT A COMPLETE CHECK OF YOUR CRIMINAL HISTORY: Signature									
DRIVER'/ DSSI (TC WACIC/N JUVENILI	CHECK W SO COMP CIC (III)_ E CHECKS QH-QR)_ D BY	PUTER))						
Scheduled ride: DATE: Deputy:									
Completed vides DATE:									

Return to: Thurston County Sheriff's Office, 2000 Lakeridge Dr. SW, Olympia WA 98502