



Huerfano County Sheriff's Office
500 S. Albert Walsenburg, CO 81089
 Phone:(719) 738-1600 Fax(719)738-3676



Complete every section *in your own handwriting*. If a question or section does not apply to you, put N/A; DO NOT LEAVE A SECTION BLANK. If you need additional space to respond to any section, attach a sheet of paper with the written information. You are responsible for obtaining correct and complete addresses. All information is subject to verification. Any deliberate misstatements, misrepresentations or omissions by you are cause for disqualification. The information requested henceforth is used for determining your qualifications and suitability for a position with this agency.

PRINT IN INK IN YOUR OWN HANDWRITING - DO NOT TYPE

POSITION(S) APPLIED FOR:

DATE:

NAME: LAST FIRST MIDDLE

ALIASES, MAIDEN NAME, NICKNAMES, OTHER NAME CHANGES

CURRENT HOME ADDRESS:

STREET

HOME PHONE:

WORK PHONE:

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS:

COUNTY

DATE OF BIRTH

AGE

HEIGHT

WEIGHT

HAIR COLOR

EYE COLOR

United States Citizen?

SOCIAL SECURITY NUMBER:

PLACE OF BIRTH

FAMILY

List in the order given showing relationship (parents, spouse, significant other, children, guardians, step-parents, foster parents, parents-in-law, brothers, and sisters) even though deceased. Include all former spouses and current roommates. DOB = Date of birth. Attach a sheet if necessary.

Father

NAME

STREET

DOB _____ PHONE #

CITY _____ STATE _____ ZIP

Mother

NAME

STREET

DOB _____ PHONE #

CITY _____ STATE _____ ZIP

Spouse or Significant Other

NAME

STREET

DOB _____ PHONE #

CITY _____ STATE _____ ZIP

Children, Roommates, Siblings

NAME

STREET

DOB _____ PHONE #

CITY _____ STATE _____ ZIP

NAME

STREET

DOB _____ PHONE #

CITY _____ STATE _____ ZIP

NAME

STREET

DOB _____ PHONE #

CITY _____ STATE _____ ZIP

RESIDENCES

List all residences in the last **ten (10) years**, beginning with your most recent address.

From: Mo/Yr	Current Street address:		If rental, Landlord Name:
PRESENT	City/State/Zip	County	Landlord Complete Address: Phone#
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address: Phone #
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address: Phone #
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address: Phone #
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address: Phone #
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address: Phone #
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address: Phone #
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address: Phone #
From: Mo/Yr	Street Address:		If rental, Landlord Name:
To: Mo/Yr	City/State/Zip	County	Landlord Address: Phone #

WORK EXPERIENCE

Begin with your most recent job and list your work history through the **last ten (10) years**; including part-time, temporary, or seasonal employment and any military service. Identify part time jobs with "PT" and temporary jobs with "TEMP".

From Mo/Yr	Name of Present Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why would you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?
 No Yes If yes, please state circumstances:

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No Yes If yes, please explain:

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why did you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?
 No Yes If yes, please state circumstances:

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No Yes If yes, please explain:

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why did you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?
 No Yes If yes, please state circumstances:

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No Yes If yes, please explain:

WORK EXPERIENCE CONTINUED

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why did you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?
 No Yes If yes, please state circumstances:

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No Yes If yes, please explain:

From Mo/Yr	Name of Employer	Job Title	Name of Supervisor
To Mo/Yr	Employer Address, City, State, Zip	Description of your duties:	
Salary	Employer Telephone Number	Why did you leave?	

Were you ever discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while with this organization?
 No Yes If yes, please state circumstances:

Did you resign (quit) after being informed your employer intended to discharge (fire) you for any reason? No Yes If yes, please explain:

ARE YOU A PREVIOUS EMPLOYEE OF THE HUERFANO COUNTY SHERIFF'S OFFICE? IF SO, PLEASE COMPLETE THE FOLLOWING

From Mo/Yr	Division(s) assigned	Job Title	Name of Supervisor
To Mo/Yr	Description of your duties	Why did you leave?	
Salary			

Were you ever suspended, subjected to disciplinary action, or asked to resign, or resigned to avoid being fired? If so, please explain:

EDUCATION/SKILLS

List all high schools attended, (If GED, give number location, and date.) Copy of diploma or GED will be requested at interview.

Name of School	Complete Address	Dates Attended		Graduated	
		From	To	No	Yes

Higher Education: List information below. Transcripts for all colleges or universities attended will be requested at time of interview.

Name and Location of College or University	Dates Attended From To	Credit Hours	Major	Type of Degree	Year Received
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Have you ever been expelled or suspended from school? If yes, please explain:

Special Qualifications: List relevant skills, training, college courses, and special schools (trade, vocational, business, or military).

Typing Speed _____ wpm <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Dictaphone</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>Microfilming/Microfiche</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Computer Programming</td> <td>Yes</td> <td>No</td> </tr> </table>	Dictaphone	Yes	No	Microfilming/Microfiche	Yes	No	Computer Programming	Yes	No	Word Processing Yes No <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">CCIC/NCIC Computer Operator</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> </tr> <tr> <td>Accounting</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> </table>	CCIC/NCIC Computer Operator	Yes	No	Accounting	Yes	No	Other		
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Accounting	Yes	No																	
Other																			
Foreign Language: List foreign languages and your level of ability for each by placing an "X" in the proper column.																			
_____ Language	Reading Exc Good Fair	Speaking Exc Good Fair	Understanding Exc Good Fair	Writing Exc Good Fair															

FOR DEPUTY APPLICANTS:

Are you a State Certified Peace Officer in Colorado? Yes No Certificate Number _____ Date issued _____
 Name of Academy _____ Date completed _____ (Attach copy of Colorado State Certification)

Are you currently enrolled in an Academy in Colorado? Yes No

If so, name of Academy _____ Date of graduation _____

Are you, or have you ever been a State Certified Peace Officer in any other state? No Yes IF SO, COMPLETE THE

FOLLOWING: State _____ Number _____ Date _____

MILITARY STATUS

A copy of DD214 will be requested for background investigation.

Have you served in the U.S. Armed Forces? No Yes Grade upon discharge

Branch of Service

Years served:

Last Duty Station and Name of Commanding Officer

from: _____ to: _____

While in the military service, were you ever disciplined, arrested, or court marshaled? If so, please explain:

Are you a member of U.S. Reserve or National Guard organization? No Yes If yes, complete the following:

Grade and Service Number

Branch of Service

Organization and Station, or Unit, and Location

Active Inactive Standby

Indicate Reserve obligation, if any:

VOLUNTEER SERVICE

List all volunteer or reserve service.

From Mo/Yr

Name of Employer

Job Title

Name of Supervisor

To Mo/Yr

Employer Address/State/Zip

Employer Telephone Number

Briefly describe your duties:

Were you ever discharged, asked to resign, or subjected to disciplinary action while with this organization? No Yes If yes, please state circumstances:

From Mo/Yr

Name of Employer

Job Title

Name of Supervisor

To Mo/Yr

Employer Address/State/Zip

Employer Telephone Number

Briefly describe your duties:

Were you ever discharged, asked to resign, or subjected to disciplinary action while with this organization? No Yes If yes, please state circumstances:

AFFILIATIONS

Are you now or have you ever been a member of any organization, association, movement or group which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence or which seeks to alter the form of government of the United States by unconstitutional means?

YES NO

If you answered YES, explain fully your affiliations.

Have you ever filed for bankruptcy? No Yes If yes, please explain details of bankruptcy:

LITIGATION INFORMATION

Have you ever been the plaintiff of or named in civil litigation, or received notice of claim or intent to be sued? No Yes If yes, please explain:

DRUG USE

Have you **ever** used marijuana or hashish? No Yes If yes, how many times, and when was the last time?

Have you **ever** used any form of illegal drugs or narcotics (drugs not prescribed by your physician)? No Yes If yes, please explain in detail:

VEHICLE OPERATOR'S LICENSE INFORMATION

Give the following information concerning your vehicle operator's license(s)(Driver's, Chauffeur's, Etc.) List all states where you have been licensed to operate a motor vehicle and name(s) under which license was granted.

Name	Type	State of Issue	Expiration Date	License Number

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? No Yes If yes, explain fully:

Describe in brief any traffic accidents in which you were involved, giving approximate dates and locations:

Date of Accident (approx)	Location (City/State, etc)	Briefly describe accident

TRAFFIC AND CRIMINAL OFFENSE INFORMATION

Complete the following for each occurrence that you received a summons or ticket, that you were arrested, and/or that you were detained by the police. Include all traffic citations and offenses, criminal offenses, and all military disciplinary actions regardless of formality and punishment.

List occurrences as an adult and as a juvenile.

Date	Police/Military Agency	Location (City/State)
Offense/Charge		Disposition
Date	Police/Military Agency	Location (City/State)
Offense/Charge		Disposition
Date	Police/Military Agency	Location (City/State)
Offense/Charge		Disposition
Date	Police/Military Agency	Location (City/State)
Offense/Charge		Disposition

REFERENCES

List three persons who know you well enough to provide current and past information about you. **Do not list relatives or former employers.**

1. Name:	Years Known:
Complete Address: City, State, Zip	Home Phone:
Business Address:	Business Phone:
2. Name:	Years Known:
Complete Address: City, State, Zip	Home Phone:
Business Address:	Business Phone:
3. Name:	Years Known:
Complete Address: City, State, Zip	Home Phone:
Business Address:	Business Phone:

List any friends, relatives, or acquaintances employed by Huerfano County Sheriff's Office and their relationship to you.

HAVE YOU PREVIOUSLY APPLIED WITH THE HUERFANO COUNTY SHERIFF'S OFFICE? Yes No
If yes, state for which position(s) applied and date(s).

Do you have an active application on file with any other police agency? Yes No If yes, please list.

Date of Application	Agency/Address	Position applied for	Status, if known

Have you ever been denied employment by any other police agency? Yes No If yes, list agency and reason.

How did you learn of this position?

Why are you seeking employment with the Huerfano County Sheriff's Office and why do you feel qualified for the position for which you have applied?

BEFORE SUBMITTING YOUR APPLICATION, CONSIDER THE FOLLOWING INFORMATION ABOUT THE HUERFANO COUNTY SHERIFF'S OFFICE'S SELECTION PROCESS. APPLICATION SCREENING AND/OR TESTING, EXTENSIVE BACKGROUND INQUIRIES AND INTERVIEWS ARE UTILIZED PRIOR TO A CONDITIONAL OFFER OF EMPLOYMENT. AFTER A *CONDITIONAL OFFER OF PROBATIONARY EMPLOYMENT*, ALL POSITIONS ARE SUBJECT, BUT NOT LIMITED, TO A POLYGRAPH AND DRUG SCREEN, AND ARE SUBJECT TO A PROBATIONARY PERIOD OF 12 MONTHS. IN ADDITION, ALL COMMISSIONED POSITIONS REQUIRE PSYCHOLOGICAL, PHYSICAL FITNESS, AND MEDICAL EXAMINATIONS.

APPLICANT'S CERTIFICATION

I affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I am aware that withholding pertinent information or including information found to be grossly inaccurate will be cause for refusing further consideration of my application. I understand this is not to be considered as an indication of probable appointment nor an obligation upon the Sheriff's Office to make an appointment, but a part of the selection process only. I will, if accepted for probable appointment, submit my fingerprints.

Signed _____ Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

CONCERNING THE APPLICATION OF: _____ (Applicant - print name)

I hereby authorize the release of all information and records concerning myself to any agent of the Huerfano County Sheriff's Office.

The intent of this authorization is to give my consent for complete disclosure of information regarding my background, reputation and character. This includes, but is not limited to: records of educational institutions; military records; employment and pre-employment records; training records; financial or credit records; complaints or grievances filed by or against me; records of investigation, complaint, arrest, trial and/or convictions for alleged or actual violations of law; the results of polygraph examinations; records of civil complaints made by or against me; and verbal or written statements by any person; however personal or confidential they may appear to be. I respectfully request and direct you to release all such information upon the request of any representative of the Huerfano County Sheriff's Office, regardless of any agreement to the contrary I may have previously made with you.

I understand that the above information is for use by the Huerfano County Sheriff's Office in conducting a background investigation to determine my suitability for employment, and will be kept confidential. I understand that all materials obtained become the property of the Huerfano County Sheriff's Office and will not be released to me. In the event my application is disapproved, the specific reason therefore cannot be revealed to me.

I understand that I have rights guaranteed by law to privacy with regards to the disclosure and access of records or information concerning me, and I voluntarily, knowingly, and willingly waive those rights with the understanding that information furnished will be used by the Huerfano County Sheriff's Office in conjunction with employment procedures.

For and in consideration of the acceptance and processing of my application for employment, I agree to hold the Huerfano County Sheriff's Office, its agents, and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Huerfano County Sheriff's Office.

I agree to indemnify and hold harmless any person or organization, and their agents and employees, to whom this request is presented, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with request.

A photocopy or fax of this release form will be valid as an original hereof, even though said photocopy does not contain my original signature.

Applicant Signature _____ Birth date _____
Complete Address _____ Phone _____

AUTHORIZATION MUST BE NOTARIZED

Subscribed and sworn before me this _____ day of _____, 20____.

Date Commission Expires _____ Notary Public _____

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Huerfano County Sheriff's Office
500 S. Albert Walsenburg, CO 81089
Mission Statement



It is the mission of the Huerfano County Sheriff's Office to provide professional, high quality and effective law enforcement, correctional and court security services in partnership with the community. We strive to serve all people within our jurisdiction with respect, fairness and compassion. We are committed to the protection of life and property; the preservation of peace, order and safety; the vigorous enforcement of Local, State and Federal Laws; and the defense of the Constitution of the State of Colorado and the Constitution of the United States of America in a fair and impartial manner.

The Huerfano County Sheriff's Office is committed to improving and enhancing the quality of life and ensuring that Huerfano County is a safe place to live, work and visit by nurturing public trust, fostering community partnership in crime prevention, and by holding ourselves to the highest standards of performance and ethics.



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RIDE-ALONG REQUEST APPLICATION

ALL APPLICANTS MUST BE AT LEAST 18 YEARS OF AGE. A VALID PHOTO ID IS REQUIRED WHEN SUBMITTING THIS APPLICATION. APPLICATIONS AND RELEASE FORMS MUST BE TURNED IN TO THE SHERIFF'S OFFICE RECORDS DIVISION LOCATED AT 500 S. ALBERT ST. WALSENBURG CO 81089 MONDAY-FRIDAY, 8AM-5PM. APPLICANTS MUST GIVE AT LEAST 5 DAYS NOTICE OF THEIR REQUESTED RIDE ALONG DATE.

NAME: FIRST: _____ MIDDLE: _____ LAST: _____

ADDRESS: _____

DATE OF BIRTH: ___/___/___ SOCIAL SECURITY NUMBER: ___/___/___

TELEPHONE NUMBERS: HOME: _____ CELL: _____

EMERGENCY CONTACT NAME: _____ NUMBER: _____

DATE DESIRED TO RIDE: ___/___/___ (MUST GIVE AT LEAST 5 DAYS NOTICE)

TIME DESIRED (MAX 4 HOURS): START TIME: _____ END TIME: _____ AM / PM

(Must be between 8am and 11pm. Times are not guaranteed and subject to change by agency)

REASON FOR REQUEST: _____

I understand that before I am permitted to participate in the program, a criminal background check to include a NCIC (National Criminal Information Center) inquiry will be conducted. By signing below, I authorize the Huerfano County Sheriff's Office to conduct an NCIC inquiry. I understand that I am under the direct supervision of the officer with whom I am riding and in no way will hinder said officer from the performance of his/her duties. I agree to adhere to all departmental policies, rules and regulations, and understand that the maximum allowable riding time is four (4) hours. I understand that I must sign the Release and Indemnity Agreement Form prior to beginning the ride-along. I understand that I must sign and abide by the Rules of Conduct and Information Sheet prior to beginning my assigned ride along. I hereby agree to release and hold Huerfano County, its Sheriff, Deputies, and all others connected with Huerfano County, free and harmless from any and all liability and claims for damages by reason of any injury or harm that might arise out of my participation in the ride-along program.

SIGNATURE: _____ DATE: _____

Criminal Record check conducted by: _____ *Circle One:* No Record Record
 Attached

RIDE ALONG APPROVED: _____ RIDE ALONG DENIED: _____

RIDE APPROVED/DENIED BY: _____ DATE: _____

Schedule Ride Along Date: _____ Time: _____ Deputy: _____

RIDE-ALONG PROGRAM PARTICIPANT

Participant Copy

RULES OF CONDUCT AND INFORMATION SHEET

The purpose of the Citizen Ride-Along Program is to be an educational program. It is designed to give citizens an up close view into the daily operations of the police department and the law enforcement profession. Citizens are encouraged to ask officers questions about the department and the profession. Citizens should refrain from discussing potentially adversarial topics with officers. Officers may end the ride-along at any point if they experience any difficulty with the ride-along participant.

1. Riders must be at least 18 years of age. Riders are not permitted to carry anything on your person, which could be construed to be a weapon, including pocket knives.
2. Anyone wishing to participate in this program must complete a ride along application and present valid photo identification for each ride along request. Current, Certified Law Enforcement Officers are exempt from the application, but must sign a Release and Indemnity Agreement each time they ride.
3. An applicant who has a felony record will be excluded from the program. An applicant with a misdemeanor record involving a crime of moral turpitude or dishonesty may be excluded from the participation in the program.
4. Once approved, the participant will be notified of the date and time of their ride along. If a participant is not available for the assigned time, he or she can reschedule to an alternate date.
5. Participants should arrive at the Department at least 15 minutes prior to their scheduled ride along. The Department reserves the right to cancel the ride along rather than delay the officer from going on duty in the event that the ride along participant is late.
6. Riders should be dressed in comfortable, business casual clothing. (Pants and collared type shirt/blouse). No dresses or shorts. **Closed toed shoes must be worn.** The Department reserves the right to judge the reasonableness of dress and appearance.
7. Riders are instructed not to interfere in any way with the actions of the officer while engaged in official duty. Riders shall not play an active role in the police function. They must act as an observer unless otherwise directed by their host officer in an extreme emergency situation. (i.e. officer shot in the line of duty)
8. Riders shall not be allowed to operate any police equipment unless directed to do so by an officer in an emergency situation.
9. There may be occasions when you may be required to leave the patrol unit while the officer answers a potentially dangerous call. You should be prepared to be dropped off at a public place and to be picked up later in such a case.
10. Riders are required to remain in the patrol unit while the officer is out on a call. On certain types of calls, the officer may permit you to observe if he/she feels the circumstances warrant it. No attempt should be made to assist the officer unless he/she asks for help or under extreme emergency situations.

A. Riders shall not enter private property without the express permission of the homeowner/occupant.

11. Remember, should you be a witness to certain events, there is a possibility that you may be subpoenaed into court as the a witness.

12. Riders shall not speak to victims, witnesses, prisoners or other persons associated with the police event being investigated. Riders shall direct the person to a deputy if spoken to.

13. Riders, including members of the media shall not bring cameras or any recording devices without the express written permission of the Sheriff. Riders should not use cell phones during the ride along unless it is an emergency situation.

14. Riders shall follow the instructions of the host officer at all times during the ride along.

15. Riders shall only be allowed to participate for **4 hours, 2 times per year**. The Sheriff may grant exceptions to this rule.

16. Riders may be excluded from participating in the program at the discretion of the Sheriff without notification of the reason.

DISCLAIMER: The preceding rules are designed to make your experience during the ride-along as safe and enjoyable as possible. The Huerfano County Sheriff's Office cannot guarantee your safety during the ride-along period. By following the preceding rules, the risks to your safety are reduced.

We hope that you enjoy the Huerfano County Sheriff's Office Citizen Ride-Along Program!

HUERFANO COUNTY SHERIFF'S OFFICE RIDE-ALONG PROGRAM
VOLUNTARY ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT

I, _____, HEREBY ACKNOWLEDGE that I have voluntarily applied to participate in the Huerfano County Sheriff's Office Ride-Along Program. I have read, understand, and agree to abide by the Ride-Along Rules and Regulations regarding my required conduct and responsibilities with respect to the program. Initial: _____

I AM AWARE THAT POLICE WORK IS INHERENTLY DANGEROUS due to many factors, including the possibility of high speed chases, armed suspects, and potential emotional trauma. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY ASSUME FULL RESPONSIBILITY FOR, AND RISK OF, BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of the County or otherwise resulting from any aspect of my voluntary participation in the Huerfano County Sheriff's Office Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns. Initial: _____

I HEREBY WAIVE, RELEASE AND DISCHARGE FROM ALL LIABILITY HUERFANO COUNTY, its elected and appointed officials, officers, agents and employees from any and all claims, damages, causes of action, demands in law or in equity, resulting from the negligence of Huerfano County, its elected and appointed officials, officers, agents and employees, or otherwise resulting from any aspect of my voluntary participation in the Huerfano County Sheriff's Office Ride-Along Program. I intend for this agreement to be binding on my heirs, personal representatives, next of kin, spouse and assigns. Initial: _____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS AN AGREEMENT TO ASSUME ALL RISKS AND TO RELEASE THE CITY FROM ALL LIABILITY RESULTING FROM MY PARTICIPATION IN THE RIDE-ALONG PROGRAM AND SIGN IT OF MY OWN FREE WILL.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

JUVENILE RELEASE (if applicant is under 18 years of age.)

To be signed by the parent or guardian.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS AN AGREEMENT FOR MY CHILD OR TRUSTEE TO ASSUME ALL RISKS AND TO RELEASE HUERFANO COUNTY FROM ALL LIABILITY RESULTING FROM MY CHILD'S OR TRUSTEE'S PARTICIPATION IN THE RIDE-ALONG PROGRAM. I HAVE CAREFULLY EXPLAINED THE RELEASE, ITS SIGNIFICANCE AND THE ASSUMPTION OF RISK TO MY MINOR CHILD OR TRUSTEE. BY SIGNING BELOW, I HEREBY GIVE MY CHILD PERMISSION TO PARTICIPATE IN THE PROGRAM AND AGREE TO BE BOUND TO THE TERMS AND CONDITIONS OUTLINED HEREIN.

Parent or Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____