



CLACKAMAS COUNTY SHERIFF

Sheriff Angela Brandenburg

Jesse Ashby, Undersheriff

Michael Copenhaver, Undersheriff

Jenna Morrison, Undersheriff

CITIZEN OBSERVER APPLICATION

Date of application: _____

Days/Times Available: _____

Name: _____

Date of birth: _____

Please print clearly: Last, First, Middle

Address: _____

Physical Address: City, State, Zip Code

Race: _____ Sex: _____ Telephone: _____

(for background check)

Home

Work

Cell

Social Security #: _____

Driver's License/ID Card #: _____

State

Place of Employment (or school): _____

Occupation (or course of study): _____

Reason for request: _____

Have you ever been arrested? _____ If yes, please list the details on a separate page.

Applicants Signature

PLEASE NOTE:

- Do not bring any weapons with you.
- Minimum age to ride is 12 years old.
- You may only ride twice in a one-year period.
- Adults 18 years and older, read and sign the Release and Indemnity Agreement.
- Juveniles under 18 years old need to have parents read and sign the Release and Indemnity Agreement.
- Dress neatly and conservatively --- slacks or jeans are acceptable.
- No tank tops, shorts, dresses, skirts, or graphic/offensive T-shirts.
- Please use very little or no perfume/aftershave as some deputies have allergies to these products.
- Do not bring any weapons with you.

For Departmental Use Only

Records Check Completed By: _____ Date: _____

The above Citizen Observer has been: Approved _____ Denied: _____

1st Ride: Date: ___/___/___ Day: ___ Shift: ___ Time: ___
Time: ___

Deputy: _____ Sgt's Initials: _____



2nd Ride: Date ___/___/___ Day: ___ Shift: ___

Deputy: _____ Sgt's Initials: _____

A Tradition of Service Since 1845

Office: 9101 SE Sunnybook Boulevard, Clackamas, Oregon 97015

Mailing: 2223 Kaen Road, Oregon City, Oregon 97045

Phone: 503-785-5000 Fax: 503-785-5190 www.ClackCoSheriff.us

Ride Along Release and Indemnity Agreement

The undersigned does hereby request of the Clackamas County Sheriff, permission to ride as an observer (only) in an authorized Sheriff's motor vehicle. This observation is for the purpose of my educational benefit. If permission is granted, I agree to obey, at all times, all instructions, orders, and commands given to me by the officer or officers in command of any vehicle in which I may be riding. I fully realize and appreciate the basic nature of Law Enforcement work and the possibility that situations may arise which could result in my being exposed to the danger of physical harm or injury, including but not limited to motor vehicle accidents. I, nevertheless, freely and voluntarily accept these risks. I further agree to keep confidential anything I may observe, read, or hear when requested to do so by members of the Clackamas County Sheriff's Office. I understand that my observation may be terminated at any time without notice by the Clackamas County Sheriff's Office.

I further understand I will be a guest passenger in the patrol vehicle in which I ride. I have not offered any payment to the Clackamas County Sheriff, or any other of his employees, for the opportunity to ride in a patrol vehicle.

Wherewith, in consideration of the educational benefit to be received by me with the granting of my request, I hereby:

1. Release the County of Clackamas, the Clackamas County Sheriff, and their agents and employees, free from and against any and all claims for injuries and damages on account of, in any way arising from, or in any way connected with the granting of the request. I am aware that because of the placement of certain equipment inside the patrol vehicle, that the passenger's side airbag has been disabled.

2. Covenant and agree to indemnify, repay, reimburse and make good to Clackamas County, the Clackamas County Sheriff, and/or their agents and employees, any and all sums of money, losses, damages, attorney fees, and other fees, costs, and expenses that any or all may hereafter be required or compelled to pay or sustain on account of any kind and all injuries and damages which may be sustained by any person as a result of my actions, conduct, or omissions while I am acting as an observer, and to indemnify and defend them from same.

Signature of Applicant

Date

Signature of parent or legal guardian if under 18

Date