



MICHAEL A. ADKINSON, JR., SHERIFF

Office of the Sheriff, Walton County

Ride-Along Rules and Regulations

Ride-Along Application:

1. Applicants must be at least 18 years of age:
 - a) Members of the Sheriff's Explorers or other accredited law enforcement educational programs may participate in accordance with their written procedures and with the approval of the watch commander.
 - b) The minimum age requirement for members of accredited law enforcement educational programs to participate is 15 years of age.
 - (1) Persons riding under this provision must have their parent/guardian sign the Ride-Along Approval Form.
2. A Ride-Along Approval Form shall be completed prior to the ride-along:
 - a) This completed form must be submitted to the Sheriff's Office at least five (5) working days prior to the expected ride-along date.
3. A criminal history check using FCIC/NCIC shall be completed by a background investigator on all applicants:
 - a) Applicants with the following shall not be permitted to participate in the program:
 - (1) Felony convictions or outstanding warrants.
 - (2) Any misdemeanor convictions within 3 years from the last incident/conviction.
 - (3) Persons with pending criminal charges.
 - b) The approving supervisor shall be responsible for reviewing the criminal history.
4. The final approval of the application shall be the discretion of the respective district lieutenant or command level supervisor. **CFA 14.15 (B) M**

Ride-Along Participant Rules: CFA 14.15 (E) M

1. Shall have no law enforcement authority and are under the direct supervision of the member assigned.
2. Shall wear acceptable business attire and present a professional image expected of the Sheriff's Office. Participants deemed inappropriately dressed shall not be permitted to participate as a ride-along.
3. Shall not carry any weapon without prior written approval from the respective bureau chief.
4. Are prohibited from using any type of tobacco product during the ride-along.
5. Shall not enter a private residence if the resident objects to the participant entering.
6. Members of the media shall not accompany members into a private residence or business that is not open to the public.
7. Shall not engage in any investigation, handling of evidence or case discussions with victims, witnesses, or suspects.
8. Shall not utilize agency equipment without authorization from the assigned member.
9. Shall not interfere with any member performing his or her duty.
10. May take notes during the ride-along:
 - a) The use of video or audio recorders or photographic cameras shall not be permitted without prior written approval from the respective bureau chief.
11. During the ride-along, the participant may be exposed to privileged information. The participant shall not discuss any information or incident details related to official agency business.



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Office of the Sheriff, Walton County

Ride-Along Approval Form

I the undersigned request permission to participate in the Walton County Sheriff's Office (WCSO) Ride-Along Program and meet all requirements outlined in the WCSO policy. I am at least 18 years of age and understand the WCSO will perform a criminal history check prior to approval.

If permission is granted, I agree to follow WCSO policy and obey all legal orders or instruction given by WCSO full-time employees. I fully understand the nature of public safety work and I may be exposed to the danger of physical harm or injury.

I hereby agree to hold the State of Florida, the WCSO, Walton County and members of the aforementioned HARMLESS for all liability for personal injury, death, and/or property damage sustained during the ride-along.

Print Ride-Along Name		Ride-Along Signature	Date
Full Address			Phone
Date of Birth	Driver's License Number		State
Emergency Contact Name		Emergency Contact Number(s)	
Printed Name of Witness to Ride-Along Signature			
Signature of Witness to Ride-Along Signature			Date
<p align="center">Criminal History Check Performed</p> <input type="checkbox"/> Yes If yes, list result(s) _____ <input type="checkbox"/> No If no, explain reason(s) _____			
Authorization Section			
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Other <input type="checkbox"/>		Printed Name of Supervisor/Commander	
Signature of Approving Supervisor/Commander			Date
Additional Comments:			