



**JEFF LEIKAUF**  
**SHERIFF \*\*\* CORONER \*\*\* PUBLIC ADMINISTRATOR**

**EL DORADO COUNTY SHERIFF'S OFFICE**

**CITIZEN'S LAW ENFORCEMENT  
ACADEMY APPLICATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Telephone: Home ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Currently Valid:  Yes  No

Do you have any past arrests, conviction or pending court cases? (Include all misdemeanors and felonies. You do not have to include infractions - example, traffic ticket.)  YES  NO

If you answered "Yes" to the above question, please list below the DATE, AGENCY, CHARGE, AND DISPOSITION. Attach additional sheets if necessary.

DATE: \_\_\_\_\_ AGENCY: \_\_\_\_\_ CHARGE: \_\_\_\_\_  
DISPOSITION: \_\_\_\_\_

**CLASS ATTENDANCE:**

The citizens Academy is an accelerated program with a full agenda each class session. Missing more than two classes will result in a significant gap in the education process of the academy. I understand that participants absent more than two days will not receive a certificate of graduation.  YES  NO

**BACKGROUND AUTHORIZATION**

I understand that a criminal background and warrant check will be conducted by the El Dorado County Sheriff's Office as part of the application process. I hereby authorize any law enforcement agency to release to the El Dorado County Sheriff's Office any and all information, which said agencies have about me, for the limited purpose of aiding the El dorado County Sheriff's Office in evaluating my eligibility for participation in Citizens Academy. This authorization extends to any information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies. I hereby release, discharge, and agree to hold harmless the agencies, their agents and any person furnishing information from any and all liability arising out of furnishing and inspecting such documents and information.

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

Please return or Email to:  
El Dorado County Sheriff's Office  
200 Industrial Drive  
Placerville, CA 95667  
Attn: Support Services-Citizens Academy

# CITIZEN'S ACADEMY

## EL DORADO COUNTY SHERIFF'S OFFICE RIDE-ALONG PROGRAM

(see reverse side for requirements)

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

SEX: M  F  OCCUPATION: \_\_\_\_\_ IF STUDENT, NAME OF SCHOOL \_\_\_\_\_

EMAIL ADDRESS:

DO YOU HAVE PREVIOUS LAW ENFORCEMENT EXPERIENCE? YES  NO

IF YES, WHAT AGENCY?

AGENCY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HAVE YOU PARTICIPATED IN A "RIDE-ALONG" IN THE PAST? YES  NO  DATE: \_\_\_\_\_

WHAT DAYS AND TIMES ARE YOU AVAILABLE TO RIDE? \_\_\_\_\_

- DAY SHIFT: 0630 - 1800
- DAY SHIFT: 0830 - 2000
- NIGHT SHIFT: 1630 - 0400
- NIGHT SHIFT: 1830 - 0600
- BOAT PATROL: SEASONAL

DO YOU HAVE ANY HISTORY OF:

- Heart Condition
- High Blood Pressure
- Nervous or Mental Condition
- None of these

HOW DID YOU DISCOVER THIS PROGRAM? Radio  Newspaper  School  Church  Other

WHY WOULD YOU LIKE TO PARTICIPATE IN THIS PROGRAM? \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED? \_\_\_\_\_

DO YOU HAVE A CURRENT CALIFORNIA DRIVERS LICENSE? \_\_\_\_\_ Driver's License # \_\_\_\_\_

### AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE/ WAIVER AND RELEASE OF CLAIMS

WHEREAS, the undersigned has made a voluntary request for permission to ride as a guest or observer in a law enforcement vehicle at a time when such vehicle is operated and manned by members of the El Dorado County Sheriff's Office and has further requested permission to accompany a member of said law enforcement department during the active performance of their official duties as police officers; and

WHEREAS, the undersigned acknowledges that the work and activities of said law enforcement department are inherently dangerous, involving possible risk of injury, damage, expense or loss to person or property; and

NOW, THEREFORE, be it understood that the undersigned hereby agrees that the County of El Dorado, the El Dorado County Sheriff's Office, the driver or the owner of any automobile owned or operated by, or in the service of, the County of El Dorado, their sureties, and each of them, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his or her estate or heirs, for any injury, damage, expense or loss to the person or property of the undersigned, incurred while riding as a guest or observer in any El Dorado County Sheriff's Office vehicle, or while accompanying a member of said department during the active performance of his/her official duties as a peace officer.

I, THE UNDERSIGNED APPLICANT, declare that I have given correct information in the foregoing application, and that I have read and understand the hereinabove "Agreement" assuming risk of injury or damage.

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
SIGNATURE OF APPLICANT

NOTE: Signature of parent/guardian requested for all applicants under 18 years of age.

**REQUIREMENTS FOR RIDE-ALONG**

1. Applicants must be 18 years of age (**14 ½ for Explorers, 16 for ROP**), or older at the time application is submitted.
2. Applicants are not allowed to ride more than once in any given 12 month period. (This is due to the large number of applications anticipated and to prevent a backlog of applicants waiting to participate.) Anyone expressing an interest in participating again shall be advised by the *deputy* at the time of their ride that they must wait at least 12 months to submit another application.
3. **All** participants must sign an accident waiver before they will be allowed to ride.
4. Dress Code: Participants are required to be neatly dressed during the ride-along. Males and females shall be required to wear casual dress pants and a shirt. Persons will not be allowed to participate if they show up in faded and patched blue jeans, T-shirts, halter tops, etc.
5. All deputies work a **12** hour shift. Participants in the ride-along program are not required to ride the entire shift, and at the discretion of the host deputy, may be returned to the office at any time.

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**For Department Use Only**

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

Disapproved \_\_\_\_\_

By: \_\_\_\_\_

Assigned to ride on: \_\_\_\_\_ Time: \_\_\_\_\_  
FROM TO

Applicant notified on: \_\_\_\_\_ By: \_\_\_\_\_

*WPS*    *CORI*    *DL*    *Local*    *See Attached*   \_\_\_\_\_  
Date Initial

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Host Deputy's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DEPUTY'S SIGNATURE

\_\_\_\_\_  
Badge#