



Phillips County Sheriff's Office

221 S. Interocean Ave., Holyoke, CO 80734

Phone: (970) 854-3644 Fax: (970) 854-2332 E-mail: sheriff@pcsheriff.us

Thomas Elliott, Sheriff William Myers Undersheriff

I, _____, do hereby request to ride along with the Phillips County Sheriff's Office on _____. In doing so I hereby acknowledge, consent to and understand full the following.

- I. I understand I may see and hear profanities, graphic scenes or other things that I may not normally hear and or see. _____
- II. I understand that what I see and hear is confidential and may not be spoken about outside this office with anyone. _____
- III. I understand that if I do release any information that I could be held civilly and criminally liable for that release of information of any type _____
- IV. I will obey all commands given to me by the Deputy that do not conflict morally or ethically with my own beliefs. _____
- V. I understand that police work is dangerous, and I am willing to ride with a Deputy knowing this and its dangerous possibilities. _____
- VI. Knowing of the above dangers I will not hold the Deputy or the Sheriff's Office or Phillips County responsible for any injury or personal damage I incur during my ride along. _____

Name of volunteer; _____
 Date of Birth; _____
 Signature; _____ Date; _____

The following signature(s) indicate parental knowledge and consent of the above requester and a release of liability on the part of my/our juvenile dependent, and my/our endorsement of waiver of liability.

Parent signature; _____ date; _____
 Parent signature; _____ date; _____

***** Notice *****
 Before this request can be granted, the rider must read and initial after each of the above statements. In the case of a juvenile (17-16 yoa), the Parent/Gaudian must initial and sign each statement. This form must be completed and approved before the ride along commences.

The forgoing request is;
 approved
 not approved

