



GILA COUNTY SHERIFF'S OFFICE
APPLICATION AND LIABILITY WAIVER
CIVILIAN OBSERVER PROGRAM

PRIOR TO COMPLETING THE APPLICATION, PLEASE READ THE PROGRAM RULES AND GUIDELINES ON THE BACK OF THIS FORM.

This application and Liability Waiver shall be completed and signed by the applicant. The signed application and waiver is to be forwarded to the Gila County Sheriff's Office Administration as prescribed. After completion of a criminal / records check, the application shall be reviewed by the Patrol Commander then forwarded to the Under Sheriff or Chief Deputy for approval. The Patrol Commander shall notify the applicant after completion of internal processing.

<u>Applicant Name (Last, First, Middle)</u>		<u>Date of Birth</u>	<u>Phone Number</u>
<u>Resident Address: (Street, City, Zip Code)</u>			
<u>Identification</u>	<u>Social Security Number</u>	<u>Have you ever been convicted Of a felony?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Do you have any Disabilities?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, Explain:</u>		<u>Are you a certified Peace Officer?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Briefly explain why you wish to participate in the Observer Program:

I request to ride with a Deputy Sheriff during the following shift:

Date:	Beginning Time:	Ending Time;
Area:	Deputy Sheriff:	

LIABILITY WAIVER

As a participant in the Gila County Sheriff's Office Observer Program, I agree to abide by all program rules and guidelines and to the following:

1. To release and hold harmless Gila county, its employees and agents, from any and all liabilities for any damage to personal property or injury sustained while accompanying a Gila County Deputy Sheriff in the performance of law enforcement duties, regardless of the cause of such damage or injury, whether through negligence or otherwise.
2. This release of liability shall apply to any right of action that may accrue to myself, my heirs or any other personal representative.
3. To assume all risks when accompanying a Gila county Deputy Sheriff while on-duty and / or riding in a Gila County owned vehicle, knowing of the personal danger involved.
4. The waiver and release of liability shall be in effect for a period of one (1) year commencing with the date of execution and subsequent Administration approval.

I HAVE READ THE PROGRAM RULES AND GUIDELINES ON THE BACK OF THIS FORM AND THE ABOVE LIABILITY WAIVER. I UNDERSTAND AND AGREE TO ABIDE BY THEM. I UNDERSTAND THAT MY CRIMINAL HISTORY SHALL BE CHECKED AND EVALUATED.

Applicants signature _____ Date _____

Witnessing Employee or Notary Public _____ Date _____

OBSERVER PROGRAM RULES AND GUIDELINES

1. Persons under the age of 18 may not participate in the observer program.
2. Participation may not be approved if: Applicant does not have proper identification; applicant's driver's license is suspended or revoked; a warrant for applicant's arrest has been issued; or applicant had been convicted of a felony.
3. Observer must dress in good tastes and consistent with the Gila County Sheriff's Office standards. Observers must wear pants / slacks, a shirt or blouse with a collar and close toed shoes. Dresses, skirts and shorts are not permitted.
4. The Deputy Sheriff may terminate the observation ride at any time due to hazardous conditions or observer misconduct. The observer may request to terminate the ride at any time and the Deputy shall honor the request as soon as it is practical to do so.
5. For personal safety, the observer must follow the directions of the Deputy Sheriff, particularly in the event of unusual or hazardous conditions. This may include being dropped off in a safe location.

Prior to each observation ride, the applicant must sign this record of participation to reaffirm acknowledgment and understanding of the program rules, guidelines and Liability Waiver. The respective Patrol Commander must approve prior to any civilian ride. Observers are limited to one observation ride every sixty (60) days.

Date	Observers Signature	Patrol Commander	Deputy Sheriff

FOR GILA COUNTY SHERIFF'S OFFICE USE ONLY: The Gila County Sheriff's Office Patrol Commander shall check the following to determine if the applicant meet the criteria for participation:

- | | | |
|---|--|---|
| <input type="checkbox"/> Application completed and signed | <input type="checkbox"/> Identification Valid | <input type="checkbox"/> CCH |
| <input type="checkbox"/> No suspensions / revocations | <input type="checkbox"/> No outstanding warrants | <input type="checkbox"/> No felony warrants |

APPROVALS

Patrol Commander

Chief Deputy / Under Sheriff

- APPROVE DISAPPROVE

Additional Remarks: