



Santa Fe County Sheriff's Office

REQUEST TO RIDE ALONG

Full Name: Last First Middle

SSN: _____

Date of Birth: MM/DD/YYYY _____

Full Address: # Street, Apt # City County State

Contact Phone Number: () - () - _____ Alternate _____

No HS Diploma/GED HS Diploma/GED Some College Trade School College Graduate
Education Level: (check highest level)

Yes No
Previous Law Enforcement:

Referred By _____ Name of the Deputy with whom you wish to ride (leave blank if no preference)

Days (06:00 am – 2:00 pm) Swings (2:00 pm – 10:00 pm) Graves (10:00 pm – 06:00 am)
Shift you wish to ride (Based on availability – If shift requested is not available then one will be selected)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Day you wish to ride

Reason for interest:

A Waiver and Release Must be signed and witnessed and presented at or before you ride. A separate Waiver and Release must be signed each time you ride. **ONLY ONE (1) RIDE PER YEAR IS ALLOWED.** You will be required to present a valid ID (Driver's License). I understand that a Federal Criminal background check will be completed prior to any approval to ride in a Santa Fe County Sheriff's Office vehicle. I affirm that I am at least 18 years of age.

Rider's Signature

Date

Internal Use Only: Federal Criminal Background Check: Approved Denied

Type Date

Print Name Signature