JASPER COUNTY SHERIFF'S OFFICE

CITIZENS POLICE ACADEMY

APPLICATION

APPLICANT INFORMATION

Full Legal Name: _____

Preferred Name: _____

Home Address: _____

City: _____ **State:** _____ **ZIP:** _____

Primary Phone: _____ **Alternate Phone:** _____

Email Address: _____

Date of Birth: _____ **Social Security No.:** _____

Driver's License No.: _____ **State:** _____

EMERGENCY CONTACT

Full Name: _____

Relationship: _____ **Phone Number:** _____

RIDE-ALONG APPLICATION

Are you interested in participating in our Ride-Along Program?

☐ **Yes** ☐ **No**

**If yes, please complete the Ride-Along Application form attached with this packet.*

APPLICATION NOTE

Please complete all applicable fields. Personally identifying information is collected for authorized application processing and background screening and should be handled securely.

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BACKGROUND INFORMATION

1. Why do you wish to participate in the Citizens Police Academy?

2. Have you participated in a Citizens Police Academy or similar program?

☐ Yes ☐ No

If yes, list program, location, and year:

3. Have you ever been arrested for an offense other than a minor traffic violation?

☐ Yes ☐ No

If yes, explain:

4. Have you ever been convicted of a crime other than a minor traffic violation?

☐ Yes ☐ No

If yes, explain:

5. Have you been terminated or asked to resign within the past five years?

☐ Yes ☐ No

If yes, explain:

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PERSONAL REFERENCES

Please provide two personal references who are not related to you.

REFERENCE #1

Name: _____

Address: _____

Phone: _____

Relationship: _____

Years Known: _____

REFERENCE #2

Name: _____

Address: _____

Phone: _____

Relationship: _____

Years Known: _____

AUTHORIZATION & CERTIFICATION

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge.
I understand that false statements or material omissions may result in denial of participation or removal from the program.

Signature: _____ **Date:** _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Jasper County Sheriff's Office to conduct a criminal background and driving history check in connection with this application. I further authorize the release of relevant information from employers, courts, and law enforcement agencies.

Signature: _____ **Date:** _____

SUBMISSION INSTRUCTIONS

Mail or hand-deliver completed application to:

Jasper County Sheriff's Office
12008 N Jacob Smart Blvd. PO Box 986
Ridgeland, SC 29936

Or e-mail your completed application to:

LCpl. Tony Smith – gsmith@jaspercountysc.gov

FOR JCSO USE ONLY

Date Received: _____ **App. #:** _____

Background Check: ☐ Complete **Approved:** ☐ Yes

Driving History: ☐ Reviewed ☐ No

Jasper County Sheriff's Office

Chris Malphrus | Sheriff

12008 N. Jacob Smart Blvd. | PO Box 986 | Ridgeland, SC 29936

Phone: (843) 726-7777 | Fax: (843) 726-7778

DEPUTY RIDE ALONG PROGRAM

RELEASE OF LIABILITY

Sheriff Chris Malphrus would like to extend his personal thanks for your interest in the Ride Along Program with the Jasper County Sheriff's Office. Please take note that the completion of this form does not automatically select or qualify you for this program. There is a process that must be completed before approval can be finalized, and this form completes only one of the three steps.

In consideration of being permitted to ride in a motor vehicle of the Jasper County Sheriff's Office, I hereby waive all my claims and forever discharge the County of Jasper, the Jasper County Sheriff's Office, and their employees, deputies, and agents from any and all liability for any damage, injury, illness or disease I may receive or contract while accompanying a Jasper County Sheriff's deputy, from any cause whatsoever.

I understand that I will be allowed to be present in the patrol vehicle of the Jasper County Sheriff's Office during actual working hours of the deputy on patrol. In addition, I understand that I shall be present in the Jasper County Sheriff's Office and that I will be permitted to observe the activities of the Sheriff's Office. I understand that I am not to exit the vehicle without the deputy's permission. I do understand that I am not to speak of any incidents or cases in which I am a witness while participating in the program. I also understand that while in the Ride Along Program this does not grant me permission to announce myself as a Deputy or Deputy Sheriff at any time.

_____ _____

Ride Along Participant Date

The undersigned, being the parent and/or guardian of the above minor child, hereby consents to the application by said minor, agrees that the information contained therein is accurate, and understands the terms and conditions set forth, by reason of which, the permission for his/her child to ride in a Jasper County Sheriff's Office vehicle.

_____ _____

Parent or Guardian of Minor Date

Pursuant to policy and guidelines governing the Sheriff's Office Ride Along Program, you are requested to fill in the information below for your request to be processed further. You will be advised if your request meets our requirements for participation in the Ride Along Program. You will be given a reporting date, time, and location for participation.

Full Name: _____ Other Name/s Used: _____

Home Address: _____

Home Phone: _____ Work/Emergency Phone: _____

Date of Birth: _____ Social Security #: _____

Place of Employment: _____ Reason for request: _____

☐ Approved ☐ Disapproved by Patrol Lieutenant or Designee: _____Date: _____

**The following must be attached with the application:

- Copy of Photo I.D.
- Copy of Criminal History

Background Check Expiration Date: _____ Patrol Lieutenant Signature: _____

(Please be advised that the Criminal History will be ran on an annual basis should you choose to remain and utilize the Ride Along Program.)

Version 3.2