RICHLAND COUNTY SHERIFF'S DEPARTMENT

RIDE-ALONG PROGRAM ACKNOWLEDGEMENT AND AGREEMENT

Participant Name: _____ **Date:** _____
Gender: ☐ Male ☐ Female **Phone:** _____

Policy and Rules of Conduct By signing this form, I acknowledge that I have read, understand, and agree to adhere to the following rules and regulations as set forth by the Richland County Sheriff's Department:

1. **Same-Gender Requirement:** I understand that I will ride with a deputy of my same gender. I must obtain written approval from the Sheriff's designee or the Regional Commander, for any exception.
2. **Safety and Location:** I agree to remain inside the patrol vehicle during all traffic stops and while the deputy is responding to calls.
3. **Entry Restrictions:** I understand that I am strictly prohibited from entering the private residence of any victim, complainant, or suspect at any time.
4. **Prohibition of Weapons:** I will not carry a firearm or any other weapon while participating in the ride-along program. This prohibition includes individuals who possess a valid concealed weapon permit (CWP).
5. **Compliance with Instructions:** I agree to comply with any lawful and appropriate request made by the deputy with whom I am riding.
6. **No Law Enforcement Action:** I understand that I am an observer only and am not permitted to engage in any law enforcement functions.
7. **Confidentiality of Information:** I will not attempt to view the MDT (mobile data terminal) or computer screen. I also acknowledge that I may not use any criminal justice information transmitted via radio or cell phone.
8. **Dress Code:** I will dress in appropriate attire, which must include pants, a shirt, and shoes.
9. **Recording and Media:** I will not record, video, or take photographs during the ride-along without prior approval from the Sheriff or his designee. I understand that live streaming or providing a live video feed to social media is strictly prohibited.
10. **Consequences of Non-Compliance:** I understand that any failure to follow these guidelines will be reported to the on-duty Regional Commander and documented for the Sheriff.

Acknowledgement I hereby certify that I am participating in this program as an observant to promote citizen involvement and understanding of departmental operations. I agree to follow all procedures outlined above.

Participant Signature: _____**Date:** _____

Ride-a-long Coordinator Signature: _____