

## Fingerprint Submission Consent and Notification Form (Used for all Licensing and Employment Screening)

The authorized agency (Agency) named below requires all applicants in the Agency's screening or approval process for the purpose identified below to submit to a fingerprint-based criminal history record information background check. The Agency will follow all applicable laws, rules and regulations concerning the criminal background check pursuant to the authorizing statute, Uniform Conviction Information Act and federal statute. The live scan vendor or Agency must confirm the identity of the applicant submitting the fingerprints. The live scan vendor or Agency must use the Applicant Information section to document the valid government issued identification provided by the applicant before the fingerprints are taken. This document also serves as a consent and notification form. **The form must be signed by the applicant** (See Page 2) in order to authorize the release of any criminal history record information that may exist regarding the applicant. The results of the inquiry will be forwarded to the Agency for review.

### Agency Information

|   |                                   |
|---|-----------------------------------|
| Requesting Agency Name:                                     | Requesting Agency ORI Identifier: |
| Requesting Agency Address:                                  |                                   |
| Fiscal Cost Center: (for entity responsible for paying ISP) | Purpose Code:                     |

### Applicant Information

|                                   |                            |       |                |
|-----------------------------------|----------------------------|-------|----------------|
| Name:                             | Sex:                       | Race: | Date of Birth: |
| SSN ( <i>if req. by Agency</i> ): | DL/ State ID/ Passport # : |       | DL/ID State:   |

### Livescan Vendor/Appointment Information

|  |                          |
|--|--------------------------|
| Live Scan Fingerprint Vendor Company Name: | Address:                 |
| Phone Number:                              | Appointment Date & Time: |
| IL Vendor License Number:                  |                          |

## Privacy Act Statement

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

### Applicant Consent

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

|                             |       |
|-----------------------------|-------|
| Applicant Name (printed):   |       |
| Applicant Name (signature): | Date: |

**THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.**

## Release and Indemnity Agreement

I, \_\_\_\_\_, acknowledge that I have requested permission from the **Sheriff's Office** to participate in the Department's "Ride-Along" program.

- I acknowledge that the ride-along program involves accompanying a police officer who is in the performance of his or her duty as a police officer.

- I have been advised of the various dangers which I may be exposed to during my participation with this program.

- I have been specifically informed of the fact that police vehicles are sometimes required to operate in an emergency fashion which may expose me to danger.

- I also acknowledge that I have been advised of the fact that while accompanying an officer I may be exposed to danger to life and/or limb due to the actions of criminal suspects, prisoners, and other persons that I may come into contact with during my ride-along.

NOW, THEREFORE, having been fully advised of the dangers inherent in the ride-along program in which I propose to participate, and in consideration of the privilege granted to me by the **Sheriff's Office** \_\_\_\_\_ to be a gratuitous passenger in a police car, I do hereby, for myself, my spouse, heirs, executor or administrator, and personal representatives:

1. Assume full responsibility for any personal injury, death or any damage to my personal property which may occur directly or indirectly, while in, or about any such police department vehicle, the Washington County Sheriff's Office facilities to include the Central Station, Sub-District Stations, Training Academy, Firing Range and any other Department or City Facility I may enter during the ride-along.

2. Assume full responsibility for any personal injury, death or any damage to my personal property while accompanying any police officer of the Washington County Sheriff's Office in the performance of their duties.
3. Fully and forever release and discharge the Washington County Sheriff's Office, its police officers, employees, agents and servants, from any and all claims, demands, damages, rights of action, or causes of actions, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my being in, on or about any such Police Department vehicle, or at any or all police department premises or facilities, or while accompanying a police officer who is in the performance of his or her duty as a police officer for the Washington County Sheriff's Office.
4. I agree to indemnify and hold harmless the Washington County Sheriff's Office its police officers, agents, employees and servants, for any acts or conduct on my part of whatever kind or nature whatsoever, while in, on or about any such Sheriff's Office vehicle, or at any or all Sheriff's Office premises of facilities, or while accompanying a police officer who is in the performance of his or her duty as a police officer for the Washington County Sheriff's Office.
5. I agree to defend and to pay any attorney's fees or associated costs as a result of any claim or action brought by or against the Washington County Sheriff's Office, its police officers, agents, employees and servants, for any acts or conduct on my part of whatever kind or nature whatsoever, while in, on or about any such Sheriff's Office vehicle, or at any and all Sheriff's Office premises or facilities, or while accompanying a police officer who is in the performance of his or her duty as a police officer for the Washington County Sheriff's Office.

6. I agree that it is my intent, having read and having been fully informed of all of the above that this Release and Indemnity Agreement be in full force and effect at any time after the execution hereof.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Telephone Number

Dated at the City of \_\_\_\_\_, State of \_\_\_\_\_, this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock

Witness:

\_\_\_\_\_

## RIDE-ALONG PARTICIPANT INFORMATION SHEET

1. All applicants for participation in this program must be at least 18 years of age.
2. Anyone wishing to participate in this program must complete an application and present valid photo identification upon turning the application in to the **Sheriff's Office**.
3. The review of all applications will include a record check with the State Department of Criminal Justice as well as an NCIC inquiry. An applicant who has a felony record or a misdemeanor record which involves moral turpitude or dishonesty may be excluded from participation in this program.
4. Once approved, participants shall be notified of their ride-along date and time. Note, if a participant is not available for the assigned ride-along **(date and time)**, he or she can schedule an alternate date with the officer who scheduled the original ride
5. Participants should arrive at the station at least 15 minutes prior to their scheduled ride-along. If the participant is not present at this time, the department reserves the right to cancel the ride-along rather than delay the officer from going on duty while necessary forms are completed.
6. Participants will fully review the release and indemnification form with a superior officer.
7. Once this form is signed, the participant will be issued a ride-along participant identification card which will be worn on the outermost clothing during the entire ride-along. This identification card shall be turned in to a supervising officer at the Central Station at the end of the ride-along.
8. Participants shall play no active role in the police function. They must only act as an observer unless otherwise directed by their host-officer.



9. Participants shall not be allowed to operate any police equipment unless directed to do so by a police officer in an extreme emergency.(OPTION this can be an absolute ban-or the discretionary ban-provided for here)
10. Participants must remain in the police vehicle at all times until directed otherwise by the host officer.
11. Participants must not speak to victims, witnesses, prisoners or other persons associated with a police event. Should a witness, prisoner, victim or other person speak to the participant, the participant should politely direct the person to speak to one of the officers present.
12. Participants are encouraged to ask questions of the host officer. However, such questions should be asked after the police event has been resolved so as not to interfere with the police operation.
13. Participants shall not bring cameras or any recording devices without the express written permission of the office of the **Sheriff**.
14. Participants shall not enter any person's home while participating in the ride-along unless the host officer has asked and has been granted express permission from the homeowner/occupant to allow the ride-along participant entry. (This can be an outright ban on entry-but this language is essential based on *Wilson v. Layne*.)
15. Participants shall follow the instructions of the host-officer at all times during the ride-along.
16. Participants shall not be allowed to carry any firearm or other weapon, even when otherwise authorized by law, while participating in the ride-along program.
17. Participants should be dressed in comfortable, casual but conservative clothing during the ride-along. (Pants and shirt/jacket for men, Pants and blouse/jacket for women) Participants who are inappropriately dressed, as determined by the supervising officer,

shall not be allowed to participate in the program on the assigned date.

18. Participants shall only be allowed to participate in this program once every 12 months unless given written authorization from the Sheriff.

Washington County Sheriff's Office

RIDE-ALONG APPLICATION

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Address, include City/State

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age    Sex

\_\_\_\_\_  
Social Security #

To your knowledge, do you have any physical impairments?    *Circle:*    Yes  
NO

If yes please specify: \_\_\_\_\_



In case of emergency, please notify:

\_\_\_\_\_  
Name (Relationship)

\_\_\_\_\_  
Home Phone Work Phone

Night/Time Preference (not guaranteed) for ride-along

\_\_\_\_\_

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DEPARTMENT USE ONLY

Criminal Record Check conducted by: \_\_\_\_\_

*Circle one:* No Record Record Attached

Applicant Notified BY: \_\_\_\_\_

DATE AND TIME OF SCHEDULED RIDE \_\_\_\_\_

Approved:

Disapproved:

Assigned to Ride With: \_\_\_\_\_ Post \_\_\_\_\_

District Supervisor Signature \_\_\_\_\_

Host Officer Signature \_\_\_\_\_

Upon completion of ride-along-application and release shall be returned to the  
office of the Sheriff

WASHINGTON COUNTY SHERIFF'S DEPARTMENT  
INDEMNIFICATION AGREEMENT

I \_\_\_\_\_, hereby certify that I am a certified law enforcement officer, an actively employed corrections officer or police officer, either part-time or full-time, or an Administration of Justice student completing an internship requirement.

That in consideration of being granted an opportunity to accompany an employee of the Washington County Sheriff's Office \_\_\_\_\_ and participate or engage in a Ride-Along program, corrections or patrol training, operations, functions and other activities sanctioned by the Washington County Sheriff's Office \_\_\_\_\_, I do hereby agree that I do so at my own risk and peril. That I understand that there are inherent dangers involved in this type of activity and it is my wish to participate knowing full well that I am subject to these dangers. I will not interfere with any law enforcement proceedings unless my assistance is requested. I further agree not to hold the Washington County Sheriff's Office \_\_\_\_\_, the Sheriff or the government of Washington County, regardless of fault or negligence on the part of any official/employee of Washington County Sheriff's Office \_\_\_\_\_ accountable, responsible or liable for any harm, monetary loss or cost incurred from any harm that I may suffer. Any act that I may commit that could result in any court proceeding, criminal or civil, whether in favor or against the Washington County Sheriff's Office \_\_\_\_\_, will be my responsibility and not subject me to pay or compensation from the department nor cause the department to be responsible for my actions in any suit brought because of those actions except when under the direction of a Department employee and when committed within the scope of my abilities, training and position of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In witness thereof, the undersigned has affixed his hand and seal on the \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
Notary Public

(Seal)