



**Benton County Sheriff's Office
CITIZEN OBSERVATION APPLICATION**

INSTRUCTIONS: *Citizen observations are usually no longer than four-hours in duration. You are limited to one observation per calendar year. Juveniles must be at least 16 years of age and have a parent or guardian signature prior to consideration for an observation. Juveniles are not allowed to observe in the jail. Please submit your request as far in advance (ONE WEEK MINIMUM) as possible. You will be contacted by telephone to confirm whether or not there is a vacancy for the date and time you have requested. To request an observation, complete the following information (please type or print), read the stipulations, sign and date the form and then submit it to: **Benton County Sheriff's Office, 180 NW 5th Street, Corvallis, OR 97330**
ATTN: Undersheriff*

NAME:				
DOB:	AGE:	SEX:	DRIVER'S LICENSE NO.:	STATE:
CONTACT PHONE:				
ADDRESS:				
CITY:			STATE:	ZIP:
HAVE YOU BEEN ARRESTED AND/OR CONVICTED OF A FELONY CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU BEEN ARRESTED AND/OR CONVICTED OF A MISDEMEANOR CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO				
OBSERVATION REQUESTED WITH:		PURPOSE:		
<input type="checkbox"/> Patrol <input type="checkbox"/> Parole and Probation <input type="checkbox"/> Jail				
DATE REQUESTED:		TIME REQUESTED: <input type="checkbox"/> DAYS <input type="checkbox"/> SWING <input type="checkbox"/> GRAVES		

The applicant named above hereby acknowledges and declares that this application is made with the following understandings and stipulations:

1. This citizen observation opportunity is provided to the applicant purely gratuitously, and may be revoked based on operational needs of the Sheriff's Office.
2. For citizen's requesting patrol observations, routine duties may involve the operation of BCSO vehicles in emergency conditions. Such operation may involve greater than normal speeds, justified disregard of certain traffic control devices and normal rules of the road, etc. The circumstances requiring emergency operation may include, but are not limited to, expeditious transit to suspected crimes in progress. Such circumstances are so varied that an exhaustive list cannot reasonably be compiled. Determination of when to operate a Sheriff's Office vehicle as an emergency vehicle is within the sole discretion of BCSO and its deputies.
3. Law enforcement work involves, by its very nature, many hazards beyond the power of the Sheriff's Office and its deputies to control. At all times while performing as a citizen observer, the applicant agrees that s/he will, without question or hesitation, abide by the directions of BCSO given by its deputies; and further recognizes that those directions may not effectively eliminate risk to the applicant, which risk the applicant assumes.
4. The applicant recognizes that in an emergency, a deputy may not be able to both perform his/her duty and dismiss the applicant from his/her presence, thereby subjecting the applicant to the same risks as are presented to the deputy. The applicant recognizes that s/he must and does assume the risk.
5. The applicant agrees that s/he will keep confidential all observations and conversations which come to his/her attention as a result of his/her participation in this program. S/he recognizes that s/he may become civilly liable for any disclosures of this confidentiality s/he makes.
6. The applicant recognizes that during the course of participating as a citizen observer, the applicant may become a witness to traffic offenses, criminal violations, and/or criminal acts. In such cases, the deputy will

provide the applicant's name and address as a witness whenever applicable. The applicant acknowledges that as a witness, s/he may be subpoenaed to testify in court.

7. The applicant recognizes that if injury or illness occurs and medical assistance, including first aid and/or ambulance service, is necessary, the Benton County Sheriff's Office will arrange for the same, consent for which is hereby given, and the applicant agrees to pay any and all costs incurred or accruing in connection therewith.
8. In consideration of the acceptance of this application and granting by the Benton County Sheriff's Office of the privilege of acting as a citizen observer, the applicant does hereby forever release, discharge, and acquit Benton County, its deputies, agents, and employees from any and all claims for death, personal injury and/or damage to property of any nature which may arise from or in connection with his/her participation hereunder.
9. The scheduled observation date may be canceled or terminated at the discretion of the on-duty shift commander based on operational needs of the Office.
10. The applicant consents to use the above information so that the Benton County Sheriff's Office can conduct a criminal background investigation. And, the applicant certifies that the information set forth in the application is complete, true, and correct to the best of the applicant's knowledge.
11. The applicant understands that he/she is not permitted to carry a concealed weapon during the observation period. The only exception is if the applicant is an active, sworn peace officer in the State of Oregon, is participating in a patrol or parole and probation observation and has obtained prior approval from BCSO. Weapons are never allowed in the jail by citizen observers.
12. **THE APPLICANT DECLARES THAT S/HE HAS CAREFULLY READ AND FULLY UNDERSTANDS THE FOREGOING: and, by his/her signature affixed hereto, accepts the same and assents thereto in its entirety.**

APPLICANT: _____ DATE: _____
SIGNATURE

PARENT OR GUARDIAN MUST SIGN THE FOLLOWING IF THE APPLICANT IS UNDER 18 YEARS OF AGE:

I, _____, *being the parent or legal guardian of the above*
PRINT NAME
applicant do hereby certify that I have carefully read and fully understand the foregoing application; and do hereby personally and on behalf of the said applicant accept and assert to his/her participation under the terms, stipulations, and conditions set forth in the said application, including the CONSENT TO MEDICAL ASSISTANCE (paragraph 7) and the RELEASE OF LIABILITY (paragraph 8) set forth therein.

PARENT OR GUARDIAN: _____ DATE: _____
SIGNATURE

******Benton County Sheriff's Use Only******

Date Received: _____ Route to Division Commander: Law Enforcement Parole & Probation Corrections

RECORDS CHECK:

CCH/Wanted Check _____ Local _____ Other _____ Employee & No.: _____

APPLICATION APPROVED BY:

Name: _____ Date: _____

Date Applicant will observe: _____ Time: _____ Deputy: _____

Date Applicant observed: _____ From: _____ to _____ (hours to hours)

Deputy's Initials and DPSST No.: _____

NOTES: