

**OFFICE OF THE SHERIFF  
CONSOLIDATED CITY OF JACKSONVILLE  
DEPARTMENT OF CORRECTIONS**

**OBSERVER PROGRAM APPLICATION FORM**

WebSite Info: [www.coj.net/Departments/SheriffsOffice/DepartmentofCorrections/ObserverProgram.htm](http://www.coj.net/Departments/SheriffsOffice/DepartmentofCorrections/ObserverProgram.htm)

Application Date: \_\_\_\_\_

**OBSERVER PERSONAL DATA:**(Type or print in black ink)

NAME \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Street, City, State, Zip)

E-Mail Address \_\_\_\_\_

DL# / ID CARD# \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

Place of Employment or School \_\_\_\_\_

Reason for Work-along: \_\_\_\_\_

Corrections Officer Application Processing? YES / NO \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF AN EMERGENCY:**

Name \_\_\_\_\_ Area Code & Phone # \_\_\_\_\_

Address (Street, City, State, Zip Code) \_\_\_\_\_

**OBSERVER RELEASE FROM LIABILITY**

I, the undersigned, for and in consideration of the educational benefits or other good and valuable considerations, including the privilege to work-along in a correctional facility, receipt of which is hereby acknowledged from the City of Jacksonville, its Sheriff's Office, the Sheriff of Duval County, or their employees, do hereby for myself and my heirs, executors, administrators, personal representatives and assigns, covenant and agree never to make any demand or claim or to commence or cause to permit to be prosecuted any action in law or equity or any proceedings of any description against the City of Jacksonville, its Sheriff's Office, or assigns for any personal injury, disability, property damage, loss of services, expense, loss or damages of any kind that we, or either of us may sustain from the work-along, or engaging in any other activity while participating in the Observer Program.

Observer Signature \_\_\_\_\_ X \_\_\_\_\_

**NOTARY PUBLIC**

Witness \_\_\_\_\_  
(If Sheriff's Office Employee, Employee's Supervisor)  
(Parent or Guardian, if under 18)

(Notarization ONLY for Civilian Observer under 18 years of age)  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

Witness \_\_\_\_\_

FOR USE BY FIELD TRAINING COORDINATOR [FTC]	
<b>CRIMINAL HISTORY CHECK:</b>	<b><u>OBSERVER ASSIGNED TO OFFICER[s]:</u></b>
<b>Date Checked:</b>	
<b>By:(Name &amp; ID#)</b>	<b>WATCH:</b> _____ <b>WORK-ALONG DATE:</b> _____
<b>Comments:</b>	<b>Facility:</b> ___ PDF ___ MCC ___ CCD
	<b>WATCH LT. (Date of Work-Along):</b> _____
	<b>APPROVED BY:(FTC Name &amp; ID#)</b> _____

**APPLICATION VALID FOR ONLY 30 DAYS**

## **OBSERVER PROGRAM RULES**

All Observers shall abide by the following rules:

1. Observers shall report to the appropriate facility Public Reception area fifteen (15) minutes prior to the start of observation period to sign in and receive an "Observer Pass".
2. Observers shall be at least sixteen (16) years old. Those observers under eighteen (18) years old shall have their parents' or legal guardian's notarized written consent.
3. Observers shall be neat and clean in appearance and attire. The watch commander will make any decision regarding questionable appearance/attire of an observer. Any observer whose appearance and/or attire is deemed inappropriate will not be allowed to participate in the scheduled work-along.
4. Observers are under the direct supervision of the corrections officer to whom they are assigned and are required to comply with the orders of the corrections officer.
5. Observers must be escorted by the supervising corrections officer at all times while in the secure area of the facility.
6. Observers shall not interfere with any corrections officer in the performance of their duties.
7. Observers shall not place themselves in a situation that may jeopardize their safety.
8. Observers may take written notes; however, tape recorders, cameras and/or video equipment are not permitted within any facility.
9. Observers or corrections personnel may terminate the work-along at any time it is deemed necessary to benefit the observer or the Sheriff's Office.
10. Observers will not possess any keys to the facility.
11. Observers will not operate any security equipment, doors or gates, etc., unless ordered to do so in an emergency situation.
12. Observers will not actively participate in the searching of inmates nor in searches of cells.
13. Observers may answer the telephone and conduct routine inquiries in the computer system to obtain inmate information at the direction of the supervising corrections officer.
14. Observers may assist corrections officers in writing of routine reports and forms.
15. Observers may be required to testify in court as a witness as a result of participating in this program.

**I UNDERSTAND ALL THE ABOVE AND AGREE TO ABIDE BY THESE RULES.**

\_\_\_\_\_  
(Signature of Observer)

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

\_\_\_\_\_  
(Signature of Witness)

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

Original Retained on File

cc: Observer  
Appropriate Watch Commander[s]