



# Sheriff Chip W. Simmons ESCAMBIA COUNTY SHERIFF'S OFFICE

COURTESY      INTEGRITY      PROFESSIONALISM

## CIVILIAN OBSERVER PROGRAM AUTHORIZATION TO PARTICIPATE

CONTROL NUMBER	
DATE ISSUED	
APPROVED BY	SHERIFF CHIP W. SIMMONS

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NAME: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

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OBSERVATION PERIODS			
DATE	SHIFT	OIC/AOIC INITIAL	DEPUTY ASSIGNED

Note: OIC/AOIC collect this form and submit to Patrol Office upon completion of the 4th observation period.

