**Ride-Along Application**

Participants must be at least eighteen years old unless approved by the Chief of Police or his designee.

A record check of all individuals requesting to participate in the Ride-Along Program will be conducted and noted on the application.

Request to participate in the Ride-Along Program must be submitted at least ten business days prior to the ride-along date.

Ride-along operations will take place on any day of the week. The normal duration of the Ride-Along Program is four hours. Shift supervisors have the authority to reject, restrict or extend any ride-along.

Please Print:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | SSN: | |  | | | DOB: | | | |  |
| Participants Full Name: |  | | | | | | | Sex:  M  F | | | | Race: |
| Address: |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Home Phone: |  | | | Work Phone | |  | | | Cell Phone | |  | |
| Operators License # |  | | | State | |  | | |  | | | |
| To ride on: | Date: |  | | | | Time: |  | | Unit: |  | | |
| Alternate : | Date: |  | | | | Time: |  | | Unit: |  | | |

**For participants 17 years old or younger:**

Parent/Guardian’s Name and Signature:

**To be completed by the Supervisor:**

Record check completed  By: Approved  Disapproved

Reason for disapproval:

Supervisor Signature:

Scheduled for date:       Hours

**To be completed by Ride-Along Officer:**

Rode with       Control #:

Date:       Hours:       Unit:

Remarks:

**To be completed by participant:**

What impressed you the most?

In what way did this experience affect your attitudes?

What suggestions or criticisms do you have of the program?

Participant’s signature:

Date: