**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: