RIDE-ALONG PROGRAM APPLICATION

IMPERIAL COUNTY SHERIFF'S OFFICE

CALIFORNIA

Application must be filled out prior to participation. Participation may be denied unless all necessary paperwork is completely filled out and signed.

APPLICANT INFORMATION

Full Name	Date of Birth
Home Address *street, city, zip*	Phone Number
Place of Employment or School	Gender: ___ Male ___ Female
Position/Title Major/Study	Gov. ID or Driver's License #
Address of Employment/School	Business/School Phone #:
Organization(s) Represented	E-mail Address

What is your interest in participating in this program?

How did you become aware of this program?

Date requested to Ride-Along	Shift you wish to Ride-Along am pm	Area or Division Requested
Have you ever been arrested? __Yes __No	If yes, list offense, location, and date:	

Do you have a physical impairment that would prohibit you from participating in this program? __Yes __No
If yes, describe:

By signing this form the applicant authorizes a criminal records check prior to the requested ride-along.

☐ I have read and understand the procedure for the Ride-Along Program of the Imperial County Sheriff's Office. The above information is true and accurate to the best of my knowledge.

☐ I have been given a copy of the ride-along policy and have fully read it and I completely understand it.

Signature of Applicant:_____ Date _____

FOR SHERIFF DEPARTMENT USE ONLY

Records Check Clear: __Yes __No	Staff Conducting the Check:
Approved: __Yes __No	Signature of Sergeant:
Time Assigned:	Signature of Scheduling Staff Member:
Comments:	Rode with: Date of participation:
Time(s) participated: From to	Hours
__ Failed to appear	Refused to allow applicant to ride. Explain:

Terminated applicant's ride before scheduled time. Explain: