

Ride-Along Program Application

Dear Ride-Along Participant:

Pursuant to the policy and guidelines governing our Ride-Along Program, you are requested to complete the application section of this form so that your request can be processed. You will be advised by the department if your request meets our requirements for your participation in the Ride-Along Program. If you are under 18 years of age, your application must be signed by your parent or guardian and returned before we schedule the ride-along. If you fail to sign or to have the waiver signed, your authorization to ride will be revoked by the department.

Please attach a photocopy of your current, valid driver's license.

APPLICATION TO PARTICIPATE IN THE RIDE-ALONG PROGRAM

Full name: _____ Date of birth: _____

Home/local address: _____ Local phone: _____

Faculty, staff or student represented : _____

If student residence hall address _____

Date you request to ride: _____

Hours you request to ride: _____

Reason for request: _____

Your signature _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

AUTHORIZATION TO PARTICIPATE IN THE RIDE-ALONG PROGRAM

To: Duty Officer:

The above named applicant has been authorized to ride in the security vehicle on your shift

Date/time of ride: _____

Director, Department of Safety and Security