



# Platteville Police Department RIDE ALONG PROGRAM



## APPLICATION FORM

*Answer all questions completely*

1. \_\_\_\_\_ DOB: \_\_\_\_\_  
Full name, as shown on your driver's license with Middle Initial
2. \_\_\_\_\_ Phone: \_\_\_\_\_  
Address
3. \_\_\_\_\_  
The state in which your driver's license is currently valid
4. \_\_\_\_\_  
If you are a student. Give name of school and course of study.
5. \_\_\_\_\_  
Please list the reason you wish to go on the ride-along
6. \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent / Guardian Name (for emergency contact purposes)

**NOTE:** The above information will be used for a criminal history check. Involvement in past criminal activity may disqualify you from the program.

***Administrative Use Only***

LOCAL		COUNTY	STATE	FEDERAL
<b>Date</b>	<b>Case #</b>	<b>Offense</b>	<b>Disposition</b>	<b>Agency</b>
Command Officer Review:			Approval:	Date:
Shift Supervisor Review:			Date:	Time: