



ST. CHARLES POLICE DEPARTMENT

REQUEST TO RIDE

This program is available to residents of St. Charles:

DATE:	DATE OF BIRTH:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME: _____ (LAST) (FIRST) (M)		
ADDRESS: _____ (STREET) (CITY) (STATE) (ZIP)		
DRIVER'S LICENSE #:	SOC. SEC. #:	
HOME PHONE #: () -	BUSINESS PHONE: () -	
BRIEFLY STATE YOUR REASONS FOR WANTING TO RIDE IN A POLICE SQUAD CAR: 		
CHECK THE DAY OF THE WEEK AND THE THREE-HOUR TIME SPAN YOU WOULD PREFER TO RIDE: <input type="checkbox"/> SUNDAY <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> 8 A.M. - 11 A.M. <input type="checkbox"/> 9 A.M. - 12 P.M. <input type="checkbox"/> 10 A.M. - 1 P.M. <input type="checkbox"/> 11 A.M. - 2 P.M. <input type="checkbox"/> 3 P.M. - 6 P.M. <input type="checkbox"/> 4 P.M. - 7 P.M. <input type="checkbox"/> 5 P.M. - 8 P.M. <input type="checkbox"/> 6 P.M. - 9 P.M. <input type="checkbox"/> 7 P.M. - 10 P.M. <input type="checkbox"/> 11 P.M. - 2 A.M. <input type="checkbox"/> MID - 3 A.M.		
_____ (SIGNATURE)		
ALL PROSPECTIVE APPLICANTS SHOULD EXPECT A CRIMINAL HISTORY CHECK PRIOR TO BEING PERMITTED TO PARTICIPATE. ANY NEGATIVE CONTACTS WITH POLICE COULD RESULT IN THE APPLICANT BEING DENIED PERMISSION TO RIDE.		
FOR OFFICIAL USE ONLY		
REQUEST APPROVED / DISAPPROVED: _____ <i>CHIEF OF POLICE</i>		
REMARKS: 		
HE / SHE WILL REPORT TO: _____ ON _____ AT _____ (SHIFT SUPERVISOR) (DATE) (TIME)		
THIS PERSON WAS ASSIGNED TO RIDE WITH: _____ BETWEEN (NAME / RANK)		
THE HOURS OF _____ AND _____ ON _____ . (TIME) (TIME) (DATE)		
RIDE CANCELLED <input type="checkbox"/>		
REASON FOR CANCELLATION: _____ _____ SIGNATURE OF SHIFT SUPERVISOR		