



# ST. CHARLES POLICE DEPARTMENT

## REQUEST TO RIDE APPLICATION

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 #:		CELL PHONE:
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.		
<b>I HAVE INCLUDED A NOTARIZED COPY OF THE RELEASE AND WAIVER OF LIABILITY WITH THIS REQUEST AND WILL ADHERE TO THE RIDE-ALONG INSTRUCTIONS AND RESTRICTIONS. I HAVE ALSO SIGNED OFF ON THE NON-DISCLOSURE AGREEMENT (FORM 89).</b> _____ (INITIAL)		<b>ALL INDIVIDUALS WHO ARE APPROVED TO DO A RIDE-ALONG MUST WEAR APPROPRIATE BUSINESS CASUAL ATTIRE AND BE OF SUITABLE HYGIENE FOR THEIR APPOINTMENT. PLEASE INITIAL THAT YOU HAVE READ THIS CLAUSE AND WILL ADHERE TO IT. FAILURE TO FOLLOW THESE REQUIREMENTS IS GROUNDS TO CANCEL YOUR RIDE-ALONG.</b> _____ (INITIAL)
_____ (SIGNATURE)		
<i>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.</i>		
<b>FOR OFFICIAL USE ONLY</b>		
REQUEST APPROVED / DISAPPROVED: _____		_____ CHIEF OF POLICE
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		