



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.		
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.		
_____ (INITIAL)		_____ (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: _____		_____ 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