



NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_  
DRIVER'S LICENSE STATE: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRES DATE: \_\_\_\_\_  
TODAY'S DATE: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_  
DAY/DATE RIDE ALONG DESIRED: \_\_\_\_\_  
SHIFT OR TIME RIDE ALONG DESIRED: \_\_\_\_\_  
SPECIFIC OFFICER REQUEST; IF \_\_\_\_\_

BRIEFLY DESCRIBE WHY YOU WANT TO PARTICIPATE IN THE RIDE-ALONG PROGRAM:

**Ride-along tire guidelines:**

- Participants must present a