



NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_  
 DRIVER'S LICENSE STATE: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRES DATE: \_\_\_\_\_  
 TODAY'S DATE: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_  
 DAY/DAT 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