



CITIZEN RIDE ALONG APPLICATION

Applicant:

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Sex: Male Female Race: _____

Social Security No: _____ Driver's License No: _____

Background:

Do you have any physical, psychological or medical restrictions that could influence your participation in the ride along program? Yes No If yes, please explain: _____

Are you under the supervision of a doctor's care? Yes No If yes, please explain: _____

Are you a student? Yes No Name of school: _____

Have you ever been arrested and/or convicted of a crime? Yes No

If yes, List the name of the agency, the year, the charge, and if you were convicted: _____

Have you or any of your family members been involved in any civil litigation or dispute involving the City of Mason?

Yes No

Are you currently under the jurisdiction of any court of these United States? Yes No

Are you currently under a personal protective order or bond restriction? Yes No

Request:

Shift Request: _____ Officer Request: _____

The above information is true and a correct representation of the facts and I agree to allow the City of Mason to conduct a review of this information to determine my eligibility to participate in the program.

Signature: _____ Date: _____

Please see attached Document

If the applicant is under 18 years of age, the custodial parent or guardian must sign as approval for the applicant to participate in the program. The custodial parent or guardian must also sign a waiver of all liability, holding the City of Mason harmless.

Parent or Guardian: _____ Date: _____

For Office Use Only:

Received By: _____ Date: _____

Approved Denied Reasoning:

Police Department: _____

Officer Assigned: _____ Shift Assigned: _____

Notified By: _____ Date: _____

Revised 7.9.18 (Police)