



## Sidney Police Department Ride-along Program Application



<input type="checkbox"/> Citizen of Sidney <input type="checkbox"/> Student <input type="checkbox"/> LEO <input type="checkbox"/> Other			<b>DATE:</b> / /
<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE NAME:</b>	<b>DATE OF BIRTH:</b> / /
<b>STREET ADDRESS:</b>	<b>CITY/STATE</b>	<b>ZIP CODE</b>	<b>PHONE NUMBER</b> ( ) -
<b>OCCUPATION:</b>	<b>EMPLOYER:</b>	<b>IF STUDENT, WHAT SCHOOL</b>	<b>GRADE/MAJOR:</b>
<b>EMERGENCY CONTACT:</b>	<b>PHONE NUMBER:</b> ( ) -	<b>ALT. PHONE NUMBER:</b> ( ) -	<b>RELATIONSHIP:</b>
<b>DRIVER'S LICENSE #:</b>	<b>D.L. STATE:</b>	<b>SEX:</b>	<b>RACE:</b>
<b>DATE DESIRE TO RIDE-ALONG: (At Least 10 Days From Today's Date)</b> / /		<b>ALTERNATE DATE:</b> / /	
<b>DESIRED TIMES: (Operational Hours: Day shift 7am to 3pm, Second shift 3pm to 11pm or Third Shift 11pm to 7am.)</b>			
<b>START TIME:            END TIME:</b>			
1. Have you been a participant in SPD Ride-along previously? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when:</b> /    /			
2. Are you currently an applicant of the Sidney Police Department? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Have you ever pled guilty or no contest to, or been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, provide date(s) and details:</b>			
4. Briefly describe your reason for wanting to participate in this program.			

**BACKGROUND AUTHORIZATION**

I understand that a criminal history check and a warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the State of Ohio to release to the Sidney Police Department any and all information which said agencies or any of them have about me, for the limited purpose of aiding the Sidney Police Department in evaluating my eligibility for participation in the Ride-along Program.

This Release extends to any and all information which said agencies or any of them may have about me, whether public, personal, or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records, and other information, and this release shall be binding on my legal representatives, heirs and assigns.

**Information provided will be verified and a criminal record check will be conducted. Once approved, the Police Department will contact you by telephone to schedule a date and time for your ride-along.**

SIGNATURE OF APPLICANT/DATE

SIGNATURE OF PARENT OR GUARDIAN/DATE (IF APPLICANT IS UNDER 18)

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**FOR DEPARTMENTAL USE ONLY**

**RECORDS CHECK (ATTACH PRINTOUTS/DOCUMENTS)**

CRIMINAL HISTORY CHECK (CCH)

No CCH

CCH

DEPARTMENTAL RECORD CHECK (RMS/CAD)

No Record

Record

ALL REQUIRES DOCUMENTS RECIEVED

Yes

No

**REVIEW**

**RECOMMENDATION:**

APPROVED  DENIED

**SUPPORT SERVICES SUPERVISOR**

**DATE:**

/ /

**RECORDS CHECK SUMMARY:** (Briefly Explain Findings)

Multiple empty horizontal lines for providing a summary of findings.

DETERMINATION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	PATROL CAPTAIN	DATE: / /
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Comments:


**FOR DEPARTMENT USE ONLY  
(ASSIGNMENT)**

PATROL SQUAD:	OFFICER:	DATE OF RIDE-ALONG: / /	START TIME:	END TIME:
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**(TO BE COMPLETED BY ON-DUTY SUPERVISOR AND OFFICER UPON COMPLETION OF RIDE-ALONG)**

SUPERVISOR COMMENTS, if any:


OFFICER COMMENTS, if any:


**RETURN FORM TO THE PATROL CAPTAIN UPON COMPLETION OF RIDE-ALONG**