



# REQUEST FOR POLICE RIDE ALONG

<b>Applicant Information</b>		
First Name:	Middle Name:	Last Name:
Address:	City, State:	Zip:
Social Security Number:	Date of Birth:	Home Phone:
Driver's License Number:	State Issued:	Expiration Date:
Employer:	Employer Address:	Work Phone:
Emergency Contact Name 1:	Address:	Phone:
Emergency Contact Name 2:	Address:	Phone:
A representative of the Garden City Police Department will contact you after a background check has been completed. If the request is accepted, the scheduled time and date of the ride along will be established. Please indicate any preferences you may have regarding your ride along. Indicating preferences does not guarantee a ride along and the preferred time/day of week.		
Preferred Day of Week:	Preferred Time:	Preferred Officer:
Reason(s) you would like to go on a ride along:		
Have you ever been on a ride along with the Garden City Police Department?		
Are you related to an employee of the Garden City Police Department?	If yes, who?	
Riders are expected to have the ability to handle themselves in the event of a critical incident. Do you have any needs that may require special consideration?	If yes, explain:	
<b>Certified Law Enforcement Officers</b>		
Are you a certified law enforcement officer?		
If yes, City:	State:	
Are you planning to carry a firearm?		
<b>LEGAL NOTE – PLEASE READ BEFORE SIGNING</b>		
This form must be completed and returned to the Garden City Police Department at 301 E. 50 <sup>th</sup> Street along with photo identification. It takes at least two weeks to process the form and complete a background check. By signing this form, you are giving the Garden City Police Department permission to complete a thorough criminal history check prior to the ride along. Submitting this form does not guarantee that the applicant will be approved for a ride along. You will be contacted within two weeks to inform you if your application has been approved or denied. In addition to this form, you may be required to complete additional paperwork at the time of the ride along. Ride along applicants will be given a safety briefing at the time of the ride along. Any questions regarding ride alongs or the application process should be directed to the Patrol Commander at 472-2950.		
Applicant's Signature:	Date:	
<b>OFFICIAL USE ONLY</b>		
Type of ID (circle):	Driver's License	Military ID    ID Card    Other
Signature of Person Accepting:	Date:	

*Committed to S.E.R.V.I.C.E*

*Safety, Excellence, Respect, Valor, Integrity, Community, Empathy*