

BRIGHTON POLICE DEPARTMENT RIDE-ALONG APPLICATION

COMPLETE THIS APPLICATION IN ITS ENTIRETY. PRINT OR WRITE LEGIBLY. YOU WILL RECEIVE NOTIFICATION OF YOUR SCHEDULED DATE AND TIME WITHIN TWO WEEKS.

Name:

Date of birth:	Driver's License #	Phone:
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Current address:

City:	State:	ZIP Code:
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Home Phone:	Work Phone:	Cell Phone:
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EMPLOYMENT INFORMATION

Employer/School:

Occupation/Grade:	
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Have you ever been arrested for a felony or misdemeanor?	Yes	No
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If yes, please explain when and where:

Reason for Ride-Along:

CHECK BELOW THE DAY AND TIME YOU DESIRE TO RIDE. THERE IS A 5 HOUR LIMIT. IF YOU HAVE A SPECIFIC DATE IN MIND, PLEASE INDICATE THIS DATE BELOW.**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DAY SHIFT		SWING SHIFT		NIGHT SHIFT		
0700 – 1700 (5 HOURS)		1500 – 0100 (5 HOURS)		2130 – 0730 (5 HOURS)		

****SPECIFIC DATE/SHIFT/TIME:**

OFFICE USE ONLY

Records Check By:	Date:
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Clear NCIC: Yes	No	Clear CCIC: Yes	No
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Criminal History: Yes	No		
(If yes, attach hard copy)			

Date Scheduled:	Day:	Shift:
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Ride Along Officer Assigned:	Duty Sergeant:
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Command Officer's Signature:

Ride Along Denied:	Reason:
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Comments:

PLEASE READ AND ACKNOWLEDGE THE RULES LISTED ON THE REVERSE SIDE OF THIS FORM.