



# Henderson Police Department

## Ride Along Request Form

Applicant's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security No: \_\_\_\_\_ License No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If under 18 years of age please indicate parent or guardian information:

Parent/Guardian Name: \_\_\_\_\_

\*Date and Time you wish to ride in the program: \_\_\_\_\_

**\*Riders are limited to one Ride-Along tour every 90 days. This form must be submitted before each ride.**

**I hereby give permission to the Henderson Police Department to investigate my records, confirm the above information, and make any inquiries necessary to investigate my application to participate in this program.**

Applicant's Signature (Guardian if under 18): \_\_\_\_\_

**Internal Use Only**

Background Check Began: \_\_\_\_\_

Background Check Completed: \_\_\_\_\_

Investigating Officer: \_\_\_\_\_

Approved:

Not Approved:

After reviewing the information provided on this Ride-Along applicant I have determined that he/she meets the criteria to participate in the Henderson Police Department Ride-Along Program, as outlined in the Henderson Police Department Operations Manual.

\_\_\_\_\_  
Patrol Commander Signature

\_\_\_\_\_  
Date

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