

Douglas County Sheriff's Office
Ride-Along Application

Name (Please Print)

Date

Signature

Physical Address (Street, City, State, Zip)

Home Phone

Cell Phone

Date of Birth

Age

Sex

Social Security Number

To your knowledge, do you have any physical impairment: Yes No
If yes, please specify: _____

In case of emergency, please notify:

Name (Please Print)

Relationship

Physical Address (Street, City, State, Zip)

Home Phone

Cell or Work Phone

Please explain why you are requesting to ride-along with the Sheriff's Office?

Douglas County Sheriff's Office Use Only

Criminal Record Check conducted by: _____

Date and time of scheduled ride: _____

Host Officer: _____

Name (Print)

Location/Shift

Host Officer Signature: _____

Shift Supervisor: _____

Approved by Division Commander:

Name (Print)

Signature

Prior to ride-along, all paperwork must be completed, signed, approved and turned into the Division Commander's Office.