

**WILSON POLICE DEPARTMENT
RIDE ALONG APPLICATION**

NAME: _____ **AGE:** _____ **TELEPHONE (H)** _____

ADDRESS: _____ **TELEPHONE (W)** _____

DATE OF BIRTH: _____ **SEX:** _____

DRIVER'S LICENSE NUMBER: _____

PREFERRED DATE(S) AND TIME(S) FOR A RIDE ALONG

1st Choice: _____ **Shift:** _____

2nd Choice: _____ **Shift:** _____

3rd Choice: _____ **Shift:** _____

QUESTIONNAIRE

1. Are you currently under the care of a doctor? Yes _____ No _____
2. Are you currently taking any medications? Yes _____ No _____
3. Have you read and understand the guidelines for a Wilson Police Department Ride-Along? Yes _____ No _____
4. Have you completed a Wilson Police Department Ride Along General Release Form? Yes _____ No _____
5. Please write a brief summary of your reason(s) for wishing to ride with a Wilson Police Officer. _____

Applicant Signature: _____

Authorizing Supervisor/Commander: _____

Host Officer & Cruiser #: _____