



WOODRIDGE POLICE DEPARTMENT

RIDE-ALONG APPLICATION

(APPLICANT MUST BE 18 YEARS OF AGE OR OLDER)

Name: _____
Last First Middle

Address: _____
City State Zip Code

Telephone Number: _____ Email: _____

Date of Birth: _____ Driver's License/State ID#: _____

Emergency Contact Name: _____ Telephone Number: _____

Personal reference we may contact: _____ Telephone Number: _____

Your occupation: _____ Employer or School: _____

Employer's Address: _____ Telephone Number: _____

Why would you like to participate in a ride-along? _____

Have you previously been on a ride-along? Yes No; If yes, what department(s): _____

What day(s) of the week would you prefer to ride? Sun Mon Tue Wed Thu Fri Sat

What time of day would you prefer to ride? Morning Afternoon Evening

I hereby acknowledge that I have completed the information fully and accurately and understand that providing false information on this application will result in the denial of permission to ride with a police officer.

I understand that a criminal history check will be conducted prior to being permitted to participate. Any negative contacts with police could result in the denial of permission to ride with a police officer.

I further understand that any conventional/digital camera/cellular telephone camera (still or video), conventional/digital tape recorder, or any other similar electronic recording device(s) are **strictly prohibited** unless prior written authorization is granted by the Chief of Police or the Chief's designee.

I agree that I will not be armed with a firearm, regardless if I possess a valid Firearm Owner Identification (FOID) Card and/or Concealed Carry License (CCL).

My signature below acknowledges my understanding and agreement.

Applicant Signature

Date

Please return completed application to:
Woodridge Police Department
1 Plaza Drive
Woodridge, IL 60517
Attn: Deputy Chief Ken Ostarello