

**WILSON POLICE DEPARTMENT
RIDE ALONG APPLICATION**

LAST NAME: _____ FIRST: _____ MIDDLE: _____

ADDRESS: _____ TELEPHONE (W) _____

DRIVER'S LICENSE NUMBER: _____ TELEPHONE (H) _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

LIST COUNTIES YOU HAVE LIVED IN: _____

LIST ALL FELONY AND MISDEMEANOR CHARGES IN LAST 10 YEARS: _____

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. _____

Please Note: It takes seven (7) working business days to process this request. Participation in the ride-along program shall be limited to once every ninety days.

Applicant Signature: _____

Authorizing Supervisor/Commander: _____

Host Officer & Cruiser #: _____