



City of SHEBOYGAN FALLS Police Department

REQUEST TO RIDE FORM

PLEASE PRINT & ANSWER ALL QUESTIONS IN INK.

NAME _____ D.O.B. ___/___/___ SEX: M F
LAST FIRST MI

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

DRIVERS LICENSE # _____ SSN# _____

PLACE OF EMPLOYMENT _____

Briefly state your reason for wanting to ride in a police squad car.

Circle the day of the week and the four – hour time span(s) you would like to ride:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6 AM – 10 AM	10AM – 2 PM	2 PM – 6 PM	6 PM – 10 PM	10 PM – 2 AM	Other _____	

I, the above named rider, request to ride along with a Sheboygan Falls Police Officer on the date indicated above. I release and discharge the City of Sheboygan Falls and the employees from all claims, injuries, and / or liabilities, which may occur during or result from such ride along.

X _____
Signature Date

I, certify that I am the parent / legal guardian of the above minor and consent to his / her riding along with an on duty Sheboygan Falls Police Officer.

X _____
Signature Date

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OFFICIAL USE ONLY

THIS REQUEST HAS BEEN APPROVED / DISAPPROVED BY _____
NAME RANK

HE / SHE WILL REPORT TO _____ ON _____ AT _____ HRS
OFFICER DATE TIME



City of
SHEBOYGAN FALLS
Police Department

EVALUATION FORM – CITIZEN RIDE – ALONG PROGRAM

Please complete this form after your ride in a police squad car and give it to the supervisor on duty sealed in the envelope provided. Thank you.

Date of Ride-Along _____ Time _____ To _____

Unit Assigned _____ Officer(s) Name you rode with _____

CIRCLE ONE:

Was this an educational experience for you? Yes No

Are you considering law enforcement as a career? Yes No

Were you riding in a marked (identifiable) squad car? Yes No

Do you feel that the Officer performed his / her duties properly? Yes No

Did you feel that people were watching you and your conduct? Yes No

Did this ride along give you a better understanding of the Police Officer's job? Yes No

Do you think this ride – along program should be continued? Yes No

Activities witnessed:

Suggestions for improvement of the program:

Please use reverse side of form for any additional comments you wish to make.

Signature Date