



CHARLES COUNTY SHERIFF'S OFFICE



RIDE-ALONG PROGRAM
Application Form

APPLICANT INFORMATION
First Name: Middle Name: Last Name: Jr., Sr., Etc.:
Date of Birth: Height: Weight: Hair: Eyes: Sex: Race:
Street Address: Email Address:
City: State: Zip: Home Telephone #: Work Telephone #:
Employer / School Name:
Employer / School Address:
Briefly state the reason you have requested to participate in the ride-along program:
Have you read and understood the guidelines for participants in the ride-along program?
Have you completed and signed the waiver for participants in the ride-along program?
Accompanying a Sheriff's Office employee during the performance of the employee's duties requires that the participant be alert, mobile and agile.
In light of this information, are you capable of assuming responsibility for remaining alert and completely aware of your surroundings, to the extent that you will be able to take responsibility for your own safety in emergency situations?
Signature of Applicant: Date:
Records Check: approved denied by: ID #: Date:
Ride-Along Component Commander Approval: ID #: Date: