



CHARLES COUNTY SHERIFF'S OFFICE



RIDE-ALONG PROGRAM
Authorization Form

PARTICIPANT INFORMATION

First Name: Middle Name: Last Name: Jr., Sr., Etc.:
Date of Birth: Height: Weight: Hair: Eyes: Sex: Race:

EMERGENCY NOTIFICATION INFORMATION

First Name: Middle Name: Last Name: Jr., Sr., Etc.:
Street Address: Home Telephone #: Cell Phone #:
City: State: Zip: Work Telephone #:
Relationship to Participant: Special instructions regarding contact:

APPROVAL INFORMATION

Scheduled Date: Scheduled Time: Scheduled Component & Location:
Special Instructions / Notations / Information:
Commander: ID #: Date:

RIDE-ALONG FOLLOW-UP INFORMATION

Date Ride-Along Accomplished: Officer: ID #:
Comments by Officer regarding Ride-Along (Note any special events or circumstances encountered):