



City of Rockford

ROCKFORD POLICE DEPARTMENT

Daniel G. O'Shea, Chief of Police

CITIZENS RIDE-ALONG PROGRAM APPLICATION

TODAY'S DATE: _____ DATE REQUESTED FOR RIDE-ALONG: _____

TIME REQUESTED: 6:30AM-11:30AM, 11:30AM-4:30PM, 4:00PM-9:00PM, 9:00PM-2:00AM
(PLEASE CIRCLE TIMES REQUESTED)

DISTRICT PREFERENCE FOR RIDE-ALONG
(SEE ATTACHED MAP WITH THIS APPLICATION)

DISTRICT 1
DISTRICT 2
DISTRICT 3
(PLEASE CIRCLE PREFERENCE)

LAST NAME: _____ FIRST NAME: _____ M.I. _____

ADDRESS: _____
(STREET)

CITY: _____ STATE: _____ ZIP: _____

Date of Birth: ___/___/___ Race: _____ Sex: _____ Social Sec. # ___/___/___
(MM/DD/YYYY)

Driver's License Number: _____ State: _____
(State of Issuance)

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Email Address: _____

EMPLOYER OR SCHOOL ATTENDING: _____

ARE YOU PRESENTLY A LAW ENFORCEMENT OFFICER? ____YES ____NO
ARE YOU CURRENTLY AN APPLICANT FOR ANY LAW ENFORCEMENT AGENCY? ____YES ____NO
ARE YOU A CURRENT EMPLOYEE, FORMER EMPLOYEE, OR AFFILIATED WITH ANY NEWS
MEDIA AGENCY? ____YES ____NO

(If you answered **YES** to any of the above questions, please identify the name of the organization or agency: _____)

ARE YOU CURRENTLY UNDER A DOCTOR'S CARE? ____YES ____NO

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? ____YES ____NO

DO YOU AGREE TO FOLLOW AND OBEY THE RULES AND GUIDELINES ON THE RIDE-ALONG
PROGRAM PARTICIPANTS FORM? ____YES ____NO

I authorize a criminal record check be completed in compliance with the guidelines of this program. I understand that the race, sex, date of birth, and social security number information recorded on this form is required to check my criminal record.

SIGNATURE OF APPLICANT

___/___/___
DATE

SIGNATURE OF PARENT OR GUARDIAN IF
APPLICANT IS UNDER 18

Please return this completed application to: Rockford Police Department
Attention Assistant Deputy Chief of Administration
557 South New Towne Drive Rockford, IL 61108

Office Use Only	
CQH _____	Approved _____
NetRMS _____	Denied _____
Waiver Signed _____	Date Processed ___/___/___



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