



SNOWFLAKE-TAYLOR POLICE DEPARTMENT

Civilian Observer (Ride Along) Application



Applicant Information

Full Name: Date:

Last *First* *M.I.*

Address: Apartment/Unit #

Street Address

City *State* *ZIP Code*

Phone: D/L #

Sex: Social Security No.: DOB:

Date and times of Availability:

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been convicted of a misdemeanor in the last 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain:

Emergency Contact

Name: Phone

Address: _____

Employer

Name: _____ Phone: _____

Briefly explain why you want to participate in the Civilian Observer Program:

Applicant Signature Date

FOR OFFICIAL USE ONLY

INHOUSE RECORD YES OR NO

27/29 DATE: _____ RAN BY: _____

APPROVED BY: _____ DATE: _____