

**GALENA POLICE DEPARTMENT
RIDE-ALONG PROGRAM
APPLICATION**

Full name: _____

Address: _____

Date of birth: _____

Home phone: _____ Cell phone: _____

Reason for request: _____

Dates applicant wishes to ride: _____

Preferred hours: _____

Alternate date/hours: _____

If a member of a police explorer unit:

Unit Advisor name: _____

Phone number: _____ Approval? yes no

If a participant of a career orientation program:

Advisor name: _____

Education Institution: _____

Phone number: _____

Is signed waiver of liability attached? yes no

Approved: _____ Date: _____

Chief of Police