HOLMEN POLICE DEPARTMENT RIDE ALONG REQUEST FORM

Participant Information

_____ _____

Last Name First Name Middle Initial Date of Birth

_____

Complete Address

_____

Phone Number

Specific SHIFT you would like to complete Ride Along (Circle your choice)	**First**	**6am to 2pm**
	Second	**2pm to 10pm**
	Third	**10pm to 6am**

DATE TO COMPLETE RIDE ALONG _____

***Note: Ride along will only be a 4 hour period unless previously approved.**

Classification:

_____ Citizen
_____ Village Employee
_____ Police Officer (Where:_____)
_____ Relative of Village Employee (Who:_____)

All applications will be afforded equal consideration. Please give a brief explanation for your interest in participating in our ride-along program.

_____
_____
_____
_____
_____
_____

Signature:_____ **Date:**_____

Supervisor's Signature_____ **Approved / Denied**