Onslow County Sheriff's Office

Ride Along Application

Instructions: This form is to be completed by an individual requesting to participate in the Ride Along program. It is the responsibility of the Training and Standards Unit to ensure the appropriate background checks and approvals have been obtained prior to an individual participating in the Ride Along. The individual must also sign the Ride Along Waiver and Memorandum of Agreement.

Applicant Name: _____

Nick Names/Aliases: _____

Date of Birth (MM/DD/YY): _____

Home Address: _____

Home Phone: _____ Occupation: _____

Driver's License # and State: _____

Emergency Contact: _____

Family Doctor and Preferred Hospital: _____

Official Use Only

OLN Check: ☐ **CLEAR** ☐ **HISTORY ATTACHED**

DCI Check: ☐ **CLEAR** ☐ **HISTORY ATTACHED**

Warrant Check: ☐ **CLEAR** ☐ **HISTORY ATTACHED**

RMS Check: ☐ **CLEAR** ☐ **HISTORY ATTACHED**

☐ **Citizen's Academy/Intern/Explorer**

Date of Scheduled Ride: _____

Time of Scheduled Ride: _____

Assigned Deputy: _____

Approved by: _____