

**CITY OF MARCO ISLAND
RIDE-ALONG APPLICATION**

Department Ride-Along Request: Police () Fire () Code () Other ()

1. Name: _____
Last + (Maiden & Former Names Used) First Middle

2. Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Month Day Year

3. Home Address: _____
Street – Apartment No.

_____ City State Zip Code

4. Telephone – Home: _____ Office: _____ Cellular: _____

5. Driver's License Number: _____ State: _____ Class: _____

Expiration Date: _____ Is this license currently valid? Yes _____ No _____

6. Have you ever been convicted of any felony or any misdemeanor involving violence, weapons or drugs? Yes _____
No _____

If YES, explain where, when and disposition of case: _____

7. Do have a pending criminal case, or are you on probation, parole or community control? Yes _____ No _____

If YES, Please explain: _____

8. Place of Employment / School: _____

Address: _____

9. Have you participated in a Ride-Along with the City of Marco Island in this calendar year? Yes _____ No _____

If YES, please explain _____

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to participate in the City of Marco Island Ride-Along Program. My signature below acknowledges my understanding and agreement with material provided.

Signature (Date)

Witness Signature

Parent – If above is a minor

(Date)

Operator/Officer Assignment

(Date/Hours)