

**City of Allentown Police Department  
Ride-Along Application**

**Complete this application in its entirety. Print Legibly. You will receive notification of your scheduled date and time.**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

City Employee: \_\_\_\_ Yes \_\_\_\_ No Bureau: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DL# \_\_\_\_\_

Social Security#: \_\_\_\_\_ (Not required for City Employees)

Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Supervisor Contact (If City Employee): \_\_\_\_\_

Law Enforcement Affiliation (if any): \_\_\_\_\_

Reasons for Request: \_\_\_\_\_

On what date and general time period do you wish to ride? (Please note that you may not get your first choice of date and time): Date: \_\_\_\_\_ Time: \_\_\_\_\_

***By signing I certify that the foregoing is true and correct to the best of my knowledge and belief and I understand a background check will be run to ensure I do not have an unacceptable criminal record:***

Signature \_\_\_\_\_

**POLICE DEPARTMENT USE ONLY**

Record Check / Reviewed by: \_\_\_\_\_ Time/Date: \_\_\_\_\_

Ride Along: Approved  Denied  (check one)

Reason for Denial: \_\_\_\_\_

Date/Time Scheduled: \_\_\_\_\_ Officer/District Assigned: \_\_\_\_\_

Applicant Notified by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Shift Supervisor Signature: \_\_\_\_\_

Date/Time Ride Completed: \_\_\_\_\_