

IMPERIAL COUNTY SHERIFF'S DEPARTMENT
P.O. BOX 1040, El Centro, CA 92244

DATE OF APPLICATION

RIDE ALONG REQUEST PRE-SCREEN

DATE OF R/A

SGT. APPROVAL

ASSIGNED DEPUTY

PLEASE COMPLETE INFORMATION BELOW

SECTION I

PERSONAL INFORMATION

LAST NAME		FIRST NAME				MIDDLE	
SEX	DOB	PLACE OF BIRTH			LIC. NO.	STATE	
HEIGHT	WEIGHT	EYES	HAIR	COMPLEXION	AGE	NICKNAMES	
RESIDENCE ADDRESS:			CITY		STATE	ZIP	
EMPLOYMENT / OCCUPATION:						HOME PHONE #	
IN CASE OF EMERGENCY NOTIFY:						WORK PHONE #	
RELATIONSHIP:						OTHER #	

SECTION II

APPLICANT HISTORY INFORMATION

HAVE YOU EVER BEEN ARRESTED BEFORE?	DATE:	AGENCY:
VIOLATIONS:		
HAVE YOU EVER BEEN DETAINED OR INTERVIEWED BY LAW ENFORCEMENT?		
REASON:	DATE:	AGENCY:
HAVE YOU EVER PARTICIPATED IN A RIDE ALONG BEFORE?		
OFFICER:	DATE:	AGENCY:

SECTION III

OFFICE USE ONLY

1. SHERIFF OFFICE AFFILIATION:

2. PRIOR R/A WITH I.C.S.O.:

3. 10-27 STATUS: 4. 10-29 STATUS: 5. 290 P.C. STATUS:

6. I.E. CONTACTS / CAD COMMENTS:

7. SCREENING STATUS / COMMENTS:

Approved _____

By: _____

Not Approved _____

Title: _____