



Richard T. Landi  
Chief of Police

**REQUEST TO PARTICIPATE IN RIDE ALONG PROGRAM**

Full Name: \_\_\_\_\_  
First MI Last

Telephone No. : \_\_\_\_\_

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

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

Email: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS NEEDED FOR A BACKGROUND INVESTIGATION**

Sex: \_\_\_\_ Drivers License # or State ID #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

In order to participate in the Ride Along program, I authorize the Rock Island Police Department to conduct a criminal history background investigation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REASON FOR REQUEST**

Family Member: \_\_\_\_\_  
Name of / Relationship to Department Family Member

Law Enforcement Student: \_\_\_\_\_  
Name of College or University

Other, explain: \_\_\_\_\_

**RIDE ALONG PREFERENCES**

Although this cannot be guaranteed, is there a specific officer you would prefer to ride with?

Yes  No If yes, list the officer's name: \_\_\_\_\_

Please list the date and shift you would like to ride: \_\_\_\_\_  
Date 1st 2nd 3rd  
Shift

Please allow 10 business days from the date of submittal

APPROVED:  
 DISAPPROVED: \_\_\_\_\_ Date: \_\_\_\_\_  
Court Officer

APPROVED:  
 DISAPPROVED: \_\_\_\_\_ Date: \_\_\_\_\_  
Commander, Technical Services Division

APPROVED:  
 DISAPPROVED: \_\_\_\_\_ Date: \_\_\_\_\_  
Deputy Chief of Police

APPROVED:  
 DISAPPROVED: \_\_\_\_\_ Date: \_\_\_\_\_  
Chief of Police

Chief's Comments: \_\_\_\_\_

**Administrative Use Only**

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Date Request Received: \_\_\_\_\_

Criminal History Inquiry: \_\_\_\_\_

Scheduled Ride Date: \_\_\_\_\_

Notification Letter Mailed: \_\_\_\_\_

Shift Notified: \_\_\_\_\_

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