

Poynette Police Department

Ride-Along Program Application





Village of Poynette Police Department

Chief of Police Adam Rogge

Ride-Along Request Form

Name of Participant: _____ Date: _____

Address: _____ Phone: _____

Date of Birth: _____ DL #: _____

Date Requesting to Ride: _____ Time: _____

X

Participant Signature

This participant has been assigned to _____
(Ride-Along Officer Assigned)

Date of Scheduled Ride-Along: _____ Time: _____

Date Approved: _____

X

Signature of Chief Rogge

***NOTE: Participants are required to be appropriately dressed. Pants and a shirt are required. Nothing with offensive, political, or negative writing will be allowed. All participants can be refused a ride along for not following clothing guidelines.**