

**POYNETTE POLICE RIDE ALONG PROGRAM**

Date Submitted: \_\_\_\_\_

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

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

**Request For:**

Date: \_\_\_\_\_ Times: \_\_\_\_\_ Officer: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_ has been given approval to ride with Officer

\_\_\_\_\_ of the Poynette Police Department

\_\_\_\_\_ at \_\_\_\_\_ AM/PM until \_\_\_\_\_ AM/PM.

\_\_\_\_\_  
Donald L. White  
Chief Of Police

***Ride Along Information***

Name of Participant: \_\_\_\_\_

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

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

Adult: \_\_\_\_\_ Juvenile: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

(State if N/A)  
Hospital Preference: \_\_\_\_\_

Doctor Preference: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notify in Case of Emergency:**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_