



Clayton Police Department

6000 Heritage Trail Clayton, CA 94517 ~ TEL. 925-673-7350 FAX 925-672-1429

Ride-Along Application

THE CLAYTON POLICE DEPARTMENT RESERVES THE RIGHT TO REFUSE ANY REQUESTS.

BACKGROUND INFORMATION

Name: _____ Date: _____

Address: _____

Phone: _____ Birthdate: _____ Age: _____

Driver License #: _____ State: _____

Remarks/Purpose for Ride-Along: _____

Preferred date(s): _____ Day _____ Night _____

CLAYTON POLICE DEPARTMENT POLICY 410.2.1 LIMITS RIDE-ALONG TO NO MORE THAN ONCE (1) EVERY SIX (6) MONTHS.

DEPARTMENT USE ONLY

BACKGROUND DOCUMENTS CHECKED

Cleared: _____ Not Cleared: _____

Background check completed by: _____

Applicant notified not cleared for participation by: _____ Date: _____

Approved _____ Denied _____ By: _____ Date: _____

APPLICANT SCHEDULE

Ride-Along scheduled by: _____

Call made to schedule: date/time _____ date/time _____

Date/Time of Ride-Along: _____

Ride-Along Scheduled with Officer / SGT. : _____

WAIVER

The Release of Liability Waiver should be witnessed by the officer doing the ride-along.

Return this form and attached waiver to Administrative Assistant.

NO SHOW – Return this paperwork to Administrative Assistant.