

Sanoca Rural Fire District, Inc.

Application for Ride-Along

Applicants under the age of 18 must have parent/guardian permission.	DATE
APPLICANT INFORMATION	
Full Name	Date of Birth
Home Address	Phone Number
Place of Employment or School	Location
Gender: M F	
Position/Title/or Grade	Major/Study
Organization Represented	Business/School Ph #
What is your interest in participating in this program?	
Dates you are requesting to "ride along"	Ride along times are reserved to hours of 8am-12mid
Have you ever been arrested? [yes]* [no] *if yes, explain:	
Do you have any physical impairments that would prohibit you from participating? If yes, explain.	
I have read and understand the procedure for ride along with Sanoca Rural Fire District. The above information is true and accurate to the best of my knowledge. I authorize an agent of Sanoca Rural Fire District to conduct a criminal background check of me, to determine if I am of good moral character.	
Signature of Applicant _____ Guardian(if applicable) _____	
FOR FIRE DEPARTMENT USE ONLY	
Officer's Approval?: [yes] [no] If no, give details: _____ _____	Rode with: _____ Date of Participation: _____ Time of Ride Along From _____ to _____
Approved by: _____ Date: _____ Denied by: _____ Date: _____	Give reason if ride along was terminated: Terminated by: _____
This application, if approved, is valid for 30 days. Applicant may ride along up to 7 times during the tenure of this application. After 30 days, a new application must be completed. This application must be kept on file for 1 year. For participants that join the FD after a ride-along, this and all associated forms must be placed in their permanent file.	