



Imperial County Sheriff's Department

P.O. Box 1040

El Centro, CA 92244

Ride Along Request Pre-Screen

DATE OF APPLICATION

PLEASE COMPLETE THE INFORMATION BELOW

SECTION I PERSONAL INFORMATION

LAST NAME		FIRST NAME			MIDDLE		
SEX	DOB	PLACE OF BIRTH			License #	State	
HEIGHT	WEIGHT	EYES	HAIR	COMPLEXION	AGE	NICKNAME(S)	
RESIDENCE ADDRESS			CITY		STATE		ZIP
EMPLOYMENT OCCUPATION						CELL #	
IN CASE OF EMERGENCY, NOTIFY					PHONE #		HOME #
RELATIONSHIP						WORK #	

SECTION II APPLICANT HISTORY INFORMATION

HAVE YOU EVER BEEN ARRESTED?	DATE	ARRESTING AGENCY
VIOLATION(S)		
HAVE YOU EVER BEEN DETAINED OR INTERVIEWD BY LAW ENFORCEMENT?		
REASON		
HAVE YOU EVER PARTICIPATED IN A RIDE ALONG BEFORE?		
AGENCY	OFFICER	DATE

OFFICE USE ONLY

SHERIFF'S OFFICE AFFILIATION		
PRIOR ICSO RIDE ALONG		
DRIVER'S LICENSE STATUS	10-29 STATUS	290 STATUS
ICSO INVOLVEMENTS		
SCREENING STATUS		
Approval Status:	Date:	BY:
SGT. APPROVAL BY:		DATE:
RIDE ALONG DATE:	ASSIGNED DEPUTY:	
STATION:	SHIFT:	