



RIDE ALONG FORM

NAME: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER & STATE: _____

HAVE YOU EVER BEEN CHARGED WITH DOMESTIC VIOLENCE OR A FELONY?

WHAT SHIFT WOULD YOU LIKE TO SCHEDULE THE RIDE ALONG, DAYSHIFT OR NIGHTSHIFT?

WHAT DAY OF THE WEEK WOULD YOU LIKE TO GO ON THE RIDE ALONG? _____

IS THERE A PARTICULAR DEPUTY THAT YOU KNOW OR WANT TO GO ON A RIDE ALONG WITH?

WHY DO YOU WANT TO GO ON A RIDE ALONG? _____

***IN ACCORDANCE WITH ARIZON LAW, IN ALL INSTANCES WHERE A PERSON KNOWINGLY FILES A FALSE REPORT, (ARS:13-1201.01) IT IS THE POLICY OF THE PINAL COUNTY SHERIFF'S OFFICE TO PERSUE CRIMINAL PROSECUTION. IN ADDITION TO ANY CRIMINAL PENALTIES PROVIDED, THE EMPLOYEE INVOLVED MAY FILE A CIVIL LAWSUIT FOR DAMAGES ATTRIBUTED TO SUCH FALSE REPORT.

REVISED 12/14/17