



Baxter Police Department

13190 Memorywood Dr.

Baxter, MN 56425

Phone 218-454-5090 Fax 218-454-5092

Office Use Only:

ICR# _____

RIDE ALONG REQUEST FORM

Please fill out this form completely and accurately to submit your request to participate in a voluntary ride along with an officer of the Baxter Police Department. Completion and submission of this form does not guarantee a ride along and applications may be rejected for any reason. Reasons for rejection could include, but are not limited to: prior police contacts, criminal past, criminal associates, age, scheduling and officer availability, suspect motives, potential for conflicts of interest, or by the discretion of the department. Once completed return this form to the Baxter Police Department. Your submission of this form authorizes the Baxter Police Department to conduct a background check of your person to determine suitability. Background checks may take up to two weeks or longer depending upon a variety of factors. If you have any questions you can call the department and request to speak to a supervisor. A ride along is generally 4 hours in length and may be terminated early by the officer at any time. Once your background process is completed a supervisor will contact you and advise you of the remaining process and for scheduling. You will also be required to complete additional paperwork including a liability release and private date agreement.

First Name Middle Name (complete) Last Name Date of Birth Gender

Other Names Known by/Aliases Driver's License/State ID Card Number, also list State of Issue

Current Home Address Including City, State, and Zip. PO Boxes or mailing addresses are not acceptable.

Guardian/Parent Full Name and Date of Birth if Applicant is a Minor Parent/Guardian Phone Number

Home Phone Number Cell Phone Number Alternate Phone Number

Name of Current Employer and Current Job Title Employer Phone Number

Emergency Contact Name and Relationship Emergency Contact Phone Numbers

Emergency Contact Home Address Including City, State, and Zip. PO Boxes or mailing addresses are not acceptable.

Have you been on a ride along before? Yes No If yes, which agency/agencies? _____

Is this Ride Along related to an education course? Yes No If yes, which school/class? _____

Are you a licensed peace officer or license eligible? Yes No If yes, which agency/school? _____

Why do you want to participate in a ride along with the Baxter Police Department? Also list any special needs requirements you may have: _____

Signature of Applicant Date of Application

BAXTER POLICE USE ONLY: Background: Criminal History _____ LETG/In House _____ MN DVS _____ Probation/Court Admin _____

Application Background is: Approved _____ Denied _____ Reason/Notes: _____

By Supervisor: _____