



KENNEWICK FIRE DEPARTMENT

RIDE ALONG APPLICATION FORM Form 300.7.A

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

CURRENT OCCUPATION: _____

ORGANIZATION REPRESENTED: _____

REASON FOR REQUEST: _____

DATE(S) REQUESTED: _____

(Required)

**Individuals enrolled in an approved program that require multiple ride-along sessions shall include all dates requested or a date range.*

I have read and understand Ride-Along Rules of Conduct and agree to abide by it. I understand that, failure to abide by the Ride-Along Rules of Conduct may result in the ride-along being terminated by the Company Officer at any time and that I may be restricted from participating in some activities.

Signature: _____ Date: _____

The section below is for internal use and will be completed if the ride-along request is approved.

Approved by: _____ Date: _____

Unit Assigned to: _____ Date of Ride-Along: _____