

Brea Police Department

RIDE-ALONG PROGRAM

Application

Please print. Complete this application and return it to the front counter of the police department or mail to:

**Police Ride-along Program
Brea Police Department
1 Civic Center Circle
Brea, CA, 92821-5732.**

MUST SIGN WAIVER ->

Please print clearly.

FULL NAME: _____ DRIVERS LICENSE #: _____
Last First Middle

ADDRESS: _____
Number Street City Zip

DATE OF BIRTH: _____ AGE: _____ OCCUPATION: _____
Month / Day / Year

Please indicate hours you are available by telephone:

DAYTIME TELEPHONE: _____ HOURS: _____
Area Code Number

EVENING TELEPHONE: _____ HOURS: _____
Area Code Number

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

RIDE-ALONG PREFERENCE: 1st Choice _____
Day of Week Date Time
2nd Choice _____
Day of Week Date Time

Ride Along times are either 9AM-1PM or 7PM-11PM*

**I have read, understand, and agree to abide by the rules of the
Brea Police Department Ride-along Program.**

SIGNATURE of APPLICANT

DATE

Confirmation of the date and time will be made by telephone, mail and/or e-mail. If you receive a "Waiver-Consent" form in the mail, bring it with you at the time of your ride-along. If not, the "Waiver-Consent" form will be signed when you arrive. If you have any questions, please call (714) 990-7625.

For police department use only

CRIM HISTORY/CLETS / ACHS completed by _____