



LITCHFIELD POLICE DEPARTMENT

TOWN OF LITCHFIELD
2 LIBERTY WAY, SUITE 2
LITCHFIELD, NH 03052
Phone: (603)424-4047 Fax: (603)424-3423



Benjamin E. Sargent
Chief of Police

RIDE ALONG OBSERVER APPLICATION

FULL NAME: _____ DATE: _____
Last First MI

ADDRESS: _____
Street address Apartment/Unit #

City State Zip Code

Phone: (____) _____ E-MAIL: _____

DOB: _____ GENDER: _____ SOCIAL SECURITY#: _____

DRIVER'S LICENSE (STATE & #): _____

HAVE YOU EVER APPLIED FOR THIS PROGRAM BEFORE?: YES _____ NO _____

IF YES, WERE YOU GRANTED PARTICIPATION?: YES _____ NO _____ DATES(S): _____

IF NO, PLEASE EXPLAIN WHY: _____

HAVE YOU EVER BEEN ARRESTED FOR A MISDEMEANOR OR FELONY? YES _____ NO _____

IF YES, PLEASE GIVE DETAILS: _____

ARE YOU CURRENTLY IN ANY COURT ACTION? YES _____ NO _____

IF YES, PLEASE GIVE DETAILS: _____

OCCUPATION/SCHOOL: _____ ADDRESS: _____

PROGRAM INFORMATION

WHY DO YOU WISH TO PARTICIPATE IN THE RIDE ALONG OBSERVER PROGRAM? _____

AVAILABILITY DATES OR DAYS: _____

DISCLAIMER AND SIGNATURE

By signing this form, I certify that the above information is correct. I also authorize the Litchfield Police Department to conduct a criminal record check in order to help determine my eligibility to participate in this program.

SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

RECORDS CHECK (BY/DATE): _____ LOCAL: _____ NCIC: _____
(PLEASE ADD SUPPORTING DOCUMENTS)

RECOMMEND APPROVAL: YES _____ NO _____ REASON: _____

APPROVAL: YES _____ NO _____

PATROL SUPERVISOR: _____ DATE: _____

CAPTAIN APPROVAL : _____ DATE: _____