



**Azusa Police Department**  
725 N. Alameda Avenue, Azusa, CA 91702  
(626) 812-3200 AzusaPD.org



# Patrol Ride-Along Program

The Azusa Police Department encourages members of the community to participate in our ride-along program. The program is designed to provide members of our community an opportunity to observe police department operations and procedures.

**Participation in the program requires that you:**

- Be a resident, a student, applicant, or employed in the city of Azusa.
- Be a least 16 years of age. (Parent or guardian's signature required).
- Have no criminal record.
- Have no medical restrictions that might jeopardize your safety or the safety of department personnel.
- Be neat and clean in appearance when you arrive for your ride-along. *Casual attire is acceptable.*

Members of the community may participate in the ride-along program only once every six months. All applicants are subject to a security check, prior to approval. Applicants are also subject to cancellation by the operations supervisor, and may be disqualified without cause.

Please complete the attached application and return it to the Azusa Police Department at 725 N. Alameda Avenue in Azusa. If you have any questions, please contact the records bureau at (626) 812-3233.

Additional copies of this application can be downloaded from our website at [azusapd.org](http://azusapd.org).

Please complete the following fields. Print or type is acceptable.

Name (first, middle, last) \_\_\_\_\_

Driver License \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ No. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_ No. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Preferred Day: *(Circle one)*

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Preferred 4 hr block: *(Circle one)*

(8:00 A.M. to 12 P.M.) (1:00 P.M. to 5:00 P.M.) (6:30 P.M. to 10:30 P.M.)

Medical restrictions:

\_\_\_\_\_

I am interested in a ride-along in Azusa because:

\_\_\_\_\_

**Do not sign this form prior to delivering it to the Azusa Police Department. It must be signed in the presence of a member of the department.**

I declare under penalty and perjury that the above information is true and correct. I do not have a criminal history and I authorize the City of Azusa Police Department to conduct a security background check, which includes: State Criminal History, Azusa Police Dept. contacts, Drivers License and Wants and Warrants check.

I understand that the above information is to insure the safety of department personnel.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

If under the age of 18, the parent or guardian must be present when delivering this form, as well as sign the below section:

Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

Connect With Us



**DO NOT WRITE BELOW THIS LINE**

This section to be completed by the Azusa Police Department.

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

System	Record	No Record	Notes
Azusa Local Check			
RAPS			
Driver History			
Wants/Warrants			
CAD Address Query			

Records Checked By: \_\_\_\_\_ Date: \_\_\_\_\_

Ride-Along Scheduled By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_