



1100 McDuff Avenue / Post Office Box 506, Grandview, Texas, 76050
Office: (817)866-3399 Fax: (817)866-3003

Ride-Along Application

Name: _____ D.O.B. _____ Age: _____
(Your first, middle, and last name as it appears on your Driver's License)

Address: _____ City: _____ State: _____

Home Phone Number: _____ E-mail address: _____

Employer: _____ Occupation: _____

Driver's License Number: _____ State: _____

For security purposes, the Grandview Police Department may check your driver license and criminal history record.

Have you ever been convicted of any criminal act other than a minor traffic violation? Yes / No
Are you currently under investigation or indictment for any criminal act above a Class C misdemeanor? Yes / No

If yes, list Police Agency: _____

Charge(s): _____

Have you used any illegal drugs in the last three years? Yes / No

What is your purpose for participation? _____

Requested ride-along date/time: _____

Signature _____ Date _____

Supervisor's Authorization

All Background Checks Performed?
(Driver's License, Wanted, Criminal History) Yes / No

Application Approved: Yes / No

Reason for non-approval _____

Approved By: _____ Date: _____

Chief of Police: _____ Date: _____