

PUBLIC EDUCATION & INFORMATION Ride-Along Program	GREELEY FIRE DEPARTMENT ADMINISTRATIVE REGULATIONS A107.05a 06/02 (N) Page 1 of 1
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**RIDE-ALONG PROGRAM
APPLICATION FORM**

NAME _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

OCCUPATION _____ DATE OF BIRTH _____

Reason for participating in this program: _____

REQUESTED RIDE DATE: (Allow 2 weeks for scheduling) _____

REQUESTED STATION/COMPANY: (If any) _____

REQUESTED TIME: 10 HR. SHIFT (0700 TO 1700) _____

RIDER'S RESPONSIBILITIES:

1. Dress Code: No shorts, cutoffs, halter tops or tank tops.
Appropriate shoes and socks must be worn. Dark cotton slacks and shirt are preferred.
2. Rider will obey the instructions given by Greeley Fire Department (GFD) personnel.
3. Rider will not interfere with or assist any member of the GFD in the performance of their duties.
4. Rider will appear at the assigned station at 0700 (7:00 A.M.)
5. Rider will submit signed application, waiver form, and criminal background check prior to ride being scheduled. Criminal background check shall be a maximum of six months old.
6. Rider understands that the ride may be terminated at any time for non-compliance with the rules and regulations of the ride-along program.

I have read, understood, and completed this application form and declare it to be truthful. I have read the Rider's Responsibilities and agree to abide by them. I certify that I am 18 years old or older.

Signature of Applicant: _____

APPROVED: _____ STATION/COMPANY ASSIGNED: _____

DISAPPROVED: _____ TIME: _____

REMARKS: _____

FIRE CHIEF OR F.D. REPRESENTATIVE: _____ DATE _____