



Waxahachie Police Department

WAXAHACHIE POLICE DEPARTMENT EXPLORER POST 114 REQUEST TO RIDE FORM

PLEASE PRINT & ANSWER ALL QUESTIONS IN BLACK INK.

NAME _____ EXPLORER ID# _____
LAST FIRST MI

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____ OTHER PHONE _____

DRIVERS LICENSE # _____ D.O.B. ____/____/____ SEX: M F

SCHOOL _____ GRADE _____

EMERGENCY CONTACT _____ PHONE _____

Circle the day of the week and list the time you would like to ride;

____ DATE (MM/DD/YYYY) _____ Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours requested to ride: _____ Officer Requested: _____ *request does not guarantee specific officer

ALTERNATE TIME TO RIDE IF YOUR FIRST REQUEST CANNOT BE FULFILLED

Circle the alternate day of the week and list the time you would like to ride

____ DATE (MM/DD/YYYY) _____ Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Alternate Hours requested to ride: _____ Officer Requested: _____ *request does not guarantee specific officer

I, the above named explorer, request to ride along with a Waxahachie Police officer on the date and time indicated above. I have read and understand the ride-along policy. My signature below indicates I agree to abide by the Waxahachie Police Department ride-along policy. Further, I understand ride-along is a privilege of membership of the exploring program and may be revoked if I fail to follow policy. I certify I am currently passing all of my classes and I have also passed them during the prior reporting period.

X _____

Signature

Date

RIDE-ALONG REQUEST POLICY:

1. Ride-along requests will be turned in at the beginning of every weekly regular meeting.
2. Requests will not be accepted/considered other than the designated time.
3. Approved/Denied requests will be available to explorers at the following weeks meeting. (ride-along requests should be made 2 weeks in advance)

OFFICIAL USE ONLY

EXPLORER POST SUPERVISOR **APPROVED / DISAPPROVED:** _____
(Circle One) Advisor's Signature Date/Time

PATROL SUPERVISOR: _____
Supervisor Name Date/Time

HE / SHE WILL REPORT TO _____ ON _____ AT _____ HRS
Officer DATE TIME

REQUEST TO RIDE FORM RETRUN INSTRUCTIONS:

EXPLORERS ARE TO LEAVE THIS FORM WITH THE OFFICER THEY RODE WITH. THE OFFICER WILL COMPLETE THE FORM AND FORWARD IT TO OFFICER WINN'S BOX.



Waxahachie Police Department

EVALUATION FORM

Date of Ride-Along _____ From: _____ To: _____

Officer you rode with _____ Patrol Vehicle # _____

CIRCLE ONE:

Was this an educational experience for you? Yes No

Did this ride along give you a better understanding of an Officers job? Yes No

Do you think the ride – along program should be continued? Yes No

What did you learn from this experience?

If you answered “no” to any questions above, please provide suggestions for improvement to the program:

What questions do you have in regard to this experience that may not have been answered?

Explorer Signature

Date

Officers Comments:

Was explorer on time? Y / N

Was the explorer properly groomed according to WPD standards? Y / N

Was explorer in complete uniform with uniform maintained according to WPD policy? Y / N

Did explorer follow directions as given? Y / N

Did the explorer pay attention at all times and assist when asked? Y / N

Recommendation for improvement:

Officers Initials & ID# _____

Note to Officer: Please feel free to contact Officer Winn 469-585-7993 at any time to discuss issues with the Explorers and/or the Exploring program. Your participation and feedback is key to the Exploring program's continued success.

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