

**MERCED POLICE DEPARTMENT
RIDE ALONG/ SIT ALONG PROGRAM APPLICATION**

PLEASE COMPLETE ALL PERTINENT SECTIONS AND SUBMIT THE APPLICATION TO THE APPROPRIATE PROGRAM COORDINATOR

PARENTAL/GUARDIAN INFORMATION

PRINT NAME (LAST, FIRST, MIDDLE) (MAIDEN)	SOCIAL SECURITY NUMBER				DATE			
STREET ADDRESS (IF DIFFERENT FROM MINOR)	CITY	STATE	ZIP CODE		CONTACT PHONE #			
DRIVER LICENSE NUMBER	SEX	AGE	RACE	DATE OF BIRTH	HT	WT	HAIR	EYES
E-MAIL ADDRESS								
PLEASE CHECK THE APPROPRIATE BOX	MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/>							
PRINT NAME (LAST, FIRST, MIDDLE) (MAIDEN)	SOCIAL SECURITY NUMBER				DATE			
STREET ADDRESS (IF DIFFERENT FROM MINOR)	CITY	STATE	ZIP CODE		CONTACT PHONE #			
DRIVER LICENSE NUMBER	SEX	AGE	RACE	DATE OF BIRTH	HT	WT	HAIR	EYES
E-MAIL ADDRESS								
PLEASE CHECK THE APPROPRIATE BOX	MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/>							

THIS FORM ONLY NEEDS TO BE FILLED OUT IF THE RIDE ALONG/SIT ALONG IS A MINOR