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TURLOCK POLICE DEPARTMENT RIDE ALONG APPLICATION

DATE _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____ CITY _____

DAY PHONE _____ EMAIL _____

DATE OF BIRTH _____ AGE _____ SEX _____ RACE _____

DRIVER LICENSE # _____

HAVE YOU PREVIOUSLY BEEN ON A RIDE ALONG? IF SO WHEN? _____

REASON FOR RIDE _____

DO YOU CURRENTLY HAVE ANY CASES PENDING WITH TURLOCK POLICE DEPARTMENT OR OTHER LAW ENFORCEMENT AGENCY? Yes No

IF SO, WHAT AGENCY AND TYPE OF CASE? BE SPECIFIC (DO NOT LIST MINOR TRAFFIC OFFENSES). _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

POLICE DEPARTMENT USE ONLY

Approved: Yes No By: _____ Date: _____

