Thurmont Police Department

800 East Main Street
Thurmont, Maryland 21788
301-271-0905
Fax: 301-271-9146

MAYOR
John A. Kinnaird

CHIEF
Gregory L. Eyler

Ride-A-Long Application

SECTION I

Name _____ Telephone _____
LAST FIRST MIDDLE

Address: _____

DOB: _____ Sex: _____ Race: ____ Height: ____ Weight: ____ Hair: _____ Eyes: _____

Driver's License No. / State: _____ Social Security: _____

Are you currently under a doctor's care? ☐ YES ☐ NO

Are you currently taking any medications? ☐ YES ☐ NO

If YES to any above question, explain:

_____

Reason for wanting to participate in program:

_____

Where did you hear of our program? _____

Date Preferred: 1st Choice: _____ 2nd Choice: _____

Shift Preferred: 1st Choice: _____ 2nd Choice: _____

Dates of previous participation
in this program: _____

I hereby waive any right and/or cause of action that I have against the Town of Thurmont or the Thurmont Police Department arising from my participation in this program.

Applicant Signature: _____ Date: _____

SECTION II

Deputy Chief of Police: ☐ Approved ☐ Disapproved

Deputy Chief of Police Signature: _____ Date: _____

SECTION III

Supervisor: _____ Date: _____

Officer Assigned: _____ Date/Time of Ride-A-Long: _____

Supervisor's Signature: _____ Date: _____

Date/Time participant notified by Supervisor: _____

SECTION IV

Officer's comments (after Ride-A-long is completed):

_____

Officer's Signature: _____ Date: _____