



Clark County Sheriff's Office

707 West 13th Street • PO Box 410 • Vancouver, WA 98666 • (360) 397-2366 • Fax (360) 397-2367

Chuck E. Atkins, Sheriff

Date Received: _____

Logged: _____

Logged Complete: _____

RIDE-ALONG APPLICATION

PRINTED NAME _____
(Last Name) (First) (Middle)

ADDRESS _____

CITY/STATE/ZIP CODE _____

DATE OF BIRTH _____ AGE _____ TELEPHONE # _____

ID _____ OTHER NAMES USED _____

HOME PHONE: _____ WORK PHONE: _____

EMPLOYER _____
(Name) (Address) (Telephone)

REASON FOR REQUEST _____

SHIFT/DAY & AREA PREFERENCE _____

I am interested in riding with a CLARK COUNTY PATROL DEPUTY. I do not have a prior criminal history and have not been listed as a suspect in an investigation.

**** NOTE** If you have been arrested or have been a suspect in a crime, even as a Juvenile, you must attach a letter which lists all prior arrests, citations, or incidents. Failure to disclose a prior arrest or listing as a suspect will be grounds for denial of your ride-along request.**

Signature _____ Date _____

Under 18 YOA – Parent/Guardian Signature: _____

NOTE: Complete background investigation will be conducted on all applicants.

*****OFFICIAL DEPARTMENT USE BELOW THIS LINE*****

Background Check:

_____ NCIC III _____ EIS _____ CCSO Wants Check _____ VPD Wants Check

Background check completed by _____ Date _____

Commander Signature _____ Date _____

Approved _____ Denied _____

Sergeant Assigned _____ Deputy Assigned _____

Date of Scheduled Ride _____

RETURN COMPLETED APPLICATION TO A CCSO PRECINCT FOR PROCESSING