



**Enumclaw Fire Department/KCFD #28**  
**REQUEST FOR RIDE-ALONG**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Cell Phone #: (     ) \_\_\_\_\_

Email address: \_\_\_\_\_

Reason for participating in Ride-Along Program: \_\_\_\_\_

Person to contact in case of emergency, including address and phone number: \_\_\_\_\_

Desired date, time and duration of Ride-Along: \_\_\_\_\_

1<sup>st</sup> Choice

Desired date, time and duration of Ride-Along: \_\_\_\_\_

2<sup>nd</sup> Choice

**\*\*\*The dates that are requested are not authorized until receiving notification from an Enumclaw Fire Department representative using the contact info provided.\*\*\***

**PERSONAL BACKGROUND:**

1. Have you ever been convicted of a misdemeanor, gross misdemeanor or any felony? Yes / No
2. If yes, please explain: \_\_\_\_\_
3. Are you presently on parole or probation? Yes / No
4. If yes, please explain: \_\_\_\_\_

**I acknowledge, authorize and give consent to the Enumclaw Fire Department to verify the information provided. I understand that false statements or misrepresentations made by me shall permanently disqualify me from participation in the Ride-Along Program with the Enumclaw Fire Department. I agree not to discuss names of persons involved in fire and EMS cases and understand that I am considered a confidant of the Enumclaw Fire Department. I have read, understand, and agree to abide by the Enumclaw Fire Department Ride-Along Program Rules.**

**Signature:** \_\_\_\_\_  
(Parent/guardian signature required if participant is under age 18.)

\*\*\*\*\*Below this line for *Official Use ONLY*\*\*\*\*\*

Date: \_\_\_\_\_

Ride Along Approved by: \_\_\_\_\_  
Officer's Signature

Ride Along Denied by: \_\_\_\_\_  
Officer's Signature