



# Sheffield Village Fire Department

4340 Colorado Ave Sheffield Village, Ohio 44054



## Ride Along / Observation Program Application

Full Name	Date of Birth
Home Address	Phone Number
Email Address	
Place of Employment or School	Gender (Circle) Male          Female
Position/ Title	Major/ Study
Place of Employment/ School Address	Business/ School Phone
Organization(s) Represented	
Date Requesting "Ride Along"	Time Requesting "Ride Along"
Reason for your request to participate in the Ride-Along Program: _____ _____	
Have you previously participated in a Ride-Along with SVFD?      ( ) Yes/Date _____ ( ) No	
Have you ever been arrested? ( ) Yes ( ) No If yes, list offense, location, and date _____ _____	
In the event of an emergency, the following person should be contacted:	
Name: _____ Phone: _____ Relation: _____	
I have read and understand the Rules of Conduct and Procedures for the Ride-Along Program of the Sheffield Village Fire Department. The above information is true and accurate to the best of my knowledge.	
Printed Name: _____	
Signature of Applicant: _____ Date: _____	
<b>For Department Use Only</b>	
Approved            [ ] Yes [ ] No	Return completed form to the Sheffield Village Fire Department 4340 Colorado Ave, Sheffield Village, OH 44054 If you have any questions please call 440-949-6490
OIC Signature: _____	