



CORINTH POLICE DEPARTMENT RIDER INFORMATION FORM

Name: _____

Gender: _____ Age: _____ D.O.B: _____

DL or ID #: _____ State: _____ Social Security #: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Home Address: _____

Home Phone: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Reasons I want to ride with members of the Corinth Police Department:

As a requirement of the Corinth Police Department Ride-Along Program, I authorize the department to conduct a criminal background check.

Applicant Signature

Date

Department use only

Date of Ride:	Day of Week:	Shift:
Officer:	Vehicle:	District:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason for denial:		
Authorization:		

Must be approved by Field Operations Division Commander