



Portland Fire & Rescue
55 SW Ash Street
Portland, Oregon 97204



RIDE-ALONG APPLICATION

Date: _____

Full name: _____
Last First Middle

Drivers license or ID number: _____

Social Security Number: _____

Race/Ethnicity: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Date of birth (18 and over): _____ Phone number: _____

REASON FOR RIDE-ALONG (PRIORITIZED) _____ :

1. Professional development
2. Mandatory continuing education
3. Curriculum requirement

PURPOSE OF RIDE-ALONG: (PLEASE PROVIDE EXPLANATION)

ARREST RECORD: Have you ever been arrested or charged with any violation or crime?

Yes___ No___

List all such matters even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of fine. List any incident in which you were stopped by a police officer.

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone number: _____

Do you have any medical conditions or physical limitations that could impair your ability to perform ride-along duties or place PF&R personnel or the general public at risk?

If YES, please explain:

By completing and submitting this application form, you are consenting to a background check. Providing false information on this application will automatically disqualify you from any ride alongs with PF&R. By signing below you acknowledge these conditions and confirm that all provided information is true and verifiable.

Applicant signature: _____ Date: _____

Mail completed application to the address above.

OFFICE USE ONLY

Date application received: _____

Deputy Chief signature: _____

Approve Disapprove

Chief investigator signature: _____

Approve Disapprove

Station captain approval: _____ Date: _____

If not approved, reason why: _____

Scheduled ride-along: _____ Time: _____ Date: _____

Location: _____