



HOBBS FIRE DEPARTMENT

RIDE-ALONG / OBSERVATION PROGRAM

APPLICATION

Full Name	Date of Birth
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Home Address	HM/WK Phone
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Email Address:

Place of Employment or School	Gender (circle): Male Female
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Position/Title	Major/Study
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Place of Employment/School Address	Business/School Phone
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Organization(s) Represented

Date requesting "Ride-Along"	Time Requesting to "Ride-Along"
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Give reason for your request to participate in Ride-Along Program:

Have you previously participated in a ride-along with HFD? Yes / Date: _____ No

How did you become aware of this program?

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 Hobbs Fire Department. The above information is true and accurate to the best of my knowledge.

Signature of Applicant: _____ Printed Name: _____

FOR DEPARTMENT USE ONLY	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Return completed form to the Hobbs Fire Department
Signature: _____	City of Hobbs Fire Department 301 E White Hobbs, NM 88240 If you have any questions, please call 575-397-9308
Comments: _____ _____	