



CROW WING COUNTY SHERIFF'S OFFICE

Office of **Eric Klang**, Sheriff

304 Laurel St
Brainerd, MN 56401
P: 218-829-4749
Fax: 218-829-9459
crowwing.us

Office Use Only

Approved

Denied

ICR # _____

Ride-Along Request Form

In order to process your request, please complete the information requested below. Eligible participants are allowed one ride-along per calendar year. Requests for multiple ride-alongs within a calendar year will be processed on a case by case basis. You will receive an email once your request is processed by our agency.

Date of Request: _____

*** All Fields are Required**

Name:

First _____ Middle _____ Last _____

Date of Birth: _____ **(Parent/Guardian Approval is Required if Under 18 yrs. of Age)**

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Date of Last Ride-Along: _____ N/A:

Time Preference for Ride-Along: Mornings Afternoons Evenings Overnights

Provide a paragraph on why you are interested in going on a ride-along and what you hope to learn:

Special requests:

By submitting this request to our agency for review, you agree that:

- You have read and understand the Crow Wing County Sheriff's Office Ride-Along Program Informational Sheet.
- You have reviewed the automatic disqualifiers for this program and are eligible to go on a ride-along.
- You understand that granting this request for a ride-along is at the discretion of the Crow Wing County Sheriff's Office. Once assigned, the Deputy or a Supervisor may deny the request or cut short a ride-along in progress for any reason.

To complete your Ride-Along Request, submit this form along with the **Driver's License/Criminal History Form and Waiver of Claim** to the Crow Wing County Sheriff's Office.

Supervisor/Badge #

Date