



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



RIDE-ALONG APPLICATION

Date:

Name:

Last

First

Middle

Address:

City:

State:

Zip:

Driver's license number and state:

Social Security Number:

Race (How you identify):

Gender: Male Female Non-binary Prefer not to answer

Date of birth (16 and over):

Phone number:

Email:

PLEASE SELECT REASON FOR REQUESTING A RIDE ALONG:

Professional development

Mandatory continuing education

Curriculum requirement

PURPOSE OF RIDE-ALONG: (PLEASE PROVIDE EXPLANATION)

OFFICE USE ONLY

Date application received:

Investigator Signature:

Approve Disapprove

Deputy Chief signature:

Approve Disapprove

If not approved, reason why:

Hold Harmless Received: Yes No

Name of Officer scheduling ride along:

Station Number: Shift: Date:

Time: From To