

RIDE-ALONG PROGRAM CERTIFICATION APPLICATION

Certification Application for (check appropriate boxes):

Patrol (Squad) Car ___ Bike Patrol ___ Marine Patrol ___ Other (identify) ___

Explorer Post No. ___ Law Enforcement Agency _____ Date _____

Note: Agencies that sponsor multiple Posts need only submit one application providing all posts are governed by the same policy and standard operating procedures. List the lead Advisor below and attach an addendum sheet indicating each post number, Advisor name, phone number, and e-mail address.

Advisor's Name _____ Phone _____

Address _____ City _____ State ___ Zip _____

Advisor's E-mail address: _____

Agency's Ride-Along Program Policy and Standard Operating Procedures:

_____ Two copies enclosed

_____ Copies on file _____ (Date for re-order purposes):

Number of certificates requested _____ (Certificates recognize qualified Explorers that have participated in the Ride-Along program.)

REQUIRED AUTHORIZATIONS:

Local Learning for Life Office

Local representative signature _____

Name (please print) _____ Date _____

Learning for Life headquarter city _____ Office No. _____ Region _____

Agency Authorization

The signature of the Chief of Police, Sheriff or head of the agency on this application indicates approval of the agency's Law Enforcement Exploring Ride-Along program policy and standard operating procedures.

Signature: _____ Date: _____

Name (Printed): _____ Title: _____

COMPLETE THIS APPLICATION AND MAIL WITH THE AGENCY'S RIDE-ALONG PROGRAM POLICY AND STANDARD OPERATING PROCEDURES TO:

National Director
Law Enforcement Exploring
1329 West Walnut Hill Lane
P. O. Box 152225
Irving, TX 75015-2225

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(FOR NATIONAL LEARNING FOR LIFE AND LAW ENFORCEMENT EXPLORING COMMITTEE USE ONLY)

_____ Date received
_____ Initial application
_____ Guidelines on file
_____ Panel review/disposition
_____ Date certificate sent