

# TORRINGTON POLICE DEPARTMENT RIDE ALONG OBSERVER APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ M.V. Operator #: \_\_\_\_\_

*The following information is requested for emergency purposes only.*

List any current medical problems for which you are being treated, or past medical problems of which we should be aware of: \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List two (2) people who can be notified in case of emergency:

1. \_\_\_\_\_  
Name Address Telephone

2. \_\_\_\_\_  
Name Address Telephone

Family Physician: \_\_\_\_\_  
Name Telephone

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Statement of purpose of observer ride: \_\_\_\_\_

I authorize the Torrington Police Department to conduct a complete background/records check on myself prior to approval of this request.

\_\_\_\_\_  
Applicant Signature

Date and Time requested by applicant: \_\_\_\_\_

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**OFFICIAL USE ONLY:**

Records Division:

Local: \_\_\_\_\_ Wanted person check: \_\_\_\_\_ Check by: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Shift Commander: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date Assigned: \_\_\_\_\_ Time Assigned: \_\_\_\_\_ Officer Assigned: \_\_\_\_\_

Shift Commander: Signature \_\_\_\_\_ Date: \_\_\_\_\_