

APPLICATION: MILITARY POLICE RIDE-ALONG PROGRAM

1. Name _____ EDIPI _____
 LAST FIRST MI

Local Address

Home Phone _____ Place of Birth _____
Height _____ Weight _____
Hair Color _____ Eye Color _____

2. Active duty personnel (For Dependents, sponsor information):

Rank/Name _____ EDIPI _____
Unit _____
Military Specialty _____ Duty Phone _____
Time in Service _____ Home Phone _____

3. Employment History, list employment for past 5 years:

- a. _____
- b. _____
- c. _____

4. How long have you been aboard MCAS Iwakuni? _____

5. If you have any physical disabilities, explain.

6. High school attended or attending:

7. Local references:

Full Name/Address/Phone Occupation

8. Have you ever been arrested or summoned into court as a defendant, placed on probation, fined, or forfeited collateral for breach or violation of any law, ordinance, or traffic regulation other than minor traffic violations?

If yes, please explain:

9. In your own handwriting, please give the reasons you have for wanting to be a member of the Military Police Ride-Along Program.

ENDORSEMENT

1. Operations recommendation: Yes _____ No _____

Date _____ Signature _____

2. Deputy Provost Marshal: Yes _____ No _____

Date _____ Signature _____

3. Provost Marshal: _____ Yes _____ No _____

Date _____ Signature _____

CLAIMS RELEASE FORM

1. I understand that, if accepted as a ride-along participant of the Provost Marshal Office, I will not be reimbursed for any expenses incurred by me during the program, and that I will receive no compensation for any duties performed by me.
2. I understand that law enforcement is an inherently dangerous occupation and that I may at times be at risk of injury, and I accept this risk willingly and knowingly, releasing the Provost Marshal Office of any responsibilities for any such injuries.
3. I voluntarily offer myself as candidate for selection, and, if accepted, will conform to all the regulations, of the Provost Marshal Office to the best of my ability.
4. I understand and agree that in the event this application is rejected, such action will be final without recourse to other persons or authority.
5. I hereby certify that there are no willful omissions, misrepresentations, or falsifications in the foregoing statements; I am aware that a background investigation will be made and that should such investigation disclose such omissions or misrepresentations, this application will be rejected and my selection terminated.

I HAVE READ AND FULLY UNDERSTAND THE CONDITIONS SET FORTH ABOVE FOR MY PARTICIPATION IN THE MILITARY POLICE RIDE-ALONG PROGRAM. FURTHER, I ACCEPT THOSE CONDITIONS AND AGREE TO ABIDE BY THEM TO THE BEST OF MY ABILITY.

Signature of applicant _____ Date _____

AS THE SPONSOR(S) OF THE ABOVE NAMED APPLICANT, I FULLY UNDERSTAND AND ACCEPT THE CONDITIONS SET FORTH ABOVE FOR MY DEPENDENT'S PARTICIPATION IN THE MILITARY POLICE RIDE-ALONG PROGRAM. AND, I FULLY APPROVE OF MY DEPENDENT'S PARTICIPATION IN ACCORDANCE WITH THOSE CONDITIONS.

Signature of sponsor _____ Date _____

MCASI PMO RIDE ALONG PROGRAM CRITIQUE FORM

1. How would you describe your overall experience with the ride along?

2. How would you describe the professionalism and manner in which Military Police spoke/treated you?

3. What would you do to improve the ride along experience?
