



## Objective for Ride-Along

**Explorer:** \_\_\_\_\_

**Ride Date:** \_\_\_\_\_

**Supervising Officer** \_\_\_\_\_

This form is to document the reason that the above-named Explorer will participate in a ride-along with the above-named Cicero Police Officer (Supervising Officer). Cicero Post 823 believes that ride-alongs must always be done with a purpose and a learning objective. This form must be signed by the named Explorer, the Supervising Officer, the Post Advisor or Associate Advisor, and a parent/guardian prior to the ride. This ensures that all involved persons are aware of the objective and the activity. Named Explorer will debrief fellow members at a future Post meeting.

**NOTE: A signed copy of the Post 823 Medical Release Form must be presented by named Explorer and in the patrol vehicle during the ride-along.**

The Post Advisor or Associate Advisor will retain the form for placement in the named Explorer's training file.

### Ride Objective:

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\_\_\_\_\_  
Explorer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Post Advisor or Associate Advisor

\_\_\_\_\_  
Date