

Ride Along Availability Form Full Time

Name: _____

Phone: _____

Email: _____

Provide Six (6) Available Dates (Fri, Sat or Sun)

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

***You will be contacted via email once your ride alongs have been scheduled.**

You must be available all day long on the dates provided above because once you are scheduled, that is your shift- No exceptions!

Rescheduling fee of \$50.00 per Ride Along