Butler County Sheriff's Office

Ride Along Application Form

Click to email

Date: _____

Full Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

Previous Address: _____

Driver's License / ID Number and State: _____

Phone Number: _____ Email Address: _____

Name of Spouse: _____ Maiden Name (if applicable) _____

Nickname(s) / Other Names Used: _____

Place of Employment: _____

Length at Current Employment: _____

Previous Employer: _____

Have you ever been arrested, and if so, for what reason(s) and year(s) of arrest:

Current Illnesses / Physical Restrictions: _____

Known Allergies: _____ Blood Type: _____

Name / Phone Number of Emergency Contact: _____

Reason for Request: