



Office of the Coroner
1047 MacArthur Road, Suite 200
Reading, PA 19605
610 – 478 – 3280
Fax: 610 – 478 – 3289
Ride-Along Administrator

Ride-Along Program Application

Applicant Information

Full Name: _____

Date of Birth: ___ / ___ / _____ (Must be 18 or older)

Phone Number: _____

Email Address: _____

Mailing Address:

Interest & Background

Current Occupation or Field of Study:

Reason for Requesting a Ride-Along:

Availability

Preferred Day(s):

Weekdays Weekends Flexible

Preferred Shift:

Day Evening Overnight

(Scheduling is based on availability and operational needs.)



Office of the Coroner
1047 MacArthur Road, Suite 200
Reading, PA 19605
610 – 478 – 3280
Fax: 610 – 478 – 3289
Ride-Along Administrator

Acknowledgments (Initial Each)

- _____ I am at least 18 years of age.
_____ I understand this ride-along is observational only.
_____ I understand I may be exposed to graphic or emotionally difficult situations.
_____ I agree to maintain confidentiality at all times.
_____ I agree to sign all required forms, including a Hold Harmless Agreement.
-

Applicant Certification

I certify that the information provided above is accurate and complete to the best of my knowledge.

Applicant Signature: _____

Date: ____ / ____ / ____