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.)

_____

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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: ____ / ____ / _____