



RIDE ALONG HOURS - VERIFICATION
Jefferson College Law Enforcement Academy



Date: _____

Name: _____

Class #: _____

Agency: _____

Date of Ride Along: _____

Times: from _____ **to** _____ **Total hours:** _____

Officer/Deputy Name: _____ **RADAR in use?** _____
(Printed)

Comments/Description of Duties:

Signature of Officer/Deputy

Recruit signature

Capt. Paul Ferber, Academy Director