



## CHARLOTTESVILLE POLICE DEPARTMENT

606 E. Market Street  
Charlottesville, Virginia 22902  
Phone: 434-970-3280 Fax: 434-970-3233



### RIDE-ALONG PROGRAM GUIDELINES AND RULES OF CONDUCT

1. You will be in the public eye and should understand that your behavior and dress reflect upon the Charlottesville Police Department; therefore, business casual dress is required. NO T-SHIRTS, SHORTS or OPEN TOE SHOES.
2. You may not smoke or use smokeless tobacco during the Ride-Along.
3. Your role in this program is that of a non-participating observer of police functions. You are requested to promptly obey all instructions of the host officer.
4. You are prohibited from carrying any flashlight, radio, camera, tape recorder, or other recording device, or binoculars.
5. You are further prohibited from carrying any weapons or restraining devices of any kind. *\*\*Note: Exceptions may be granted to sworn law enforcement personnel.*
6. During your ride-along experience, you may witness events and circumstances that will lead to criminal proceedings against individuals. Please be mindful of the potentially adverse impact that pre-trial comments and opinions voiced by you may have upon those proceedings. We also ask that you respect the privacy of persons who may be victims of criminal activity observed by you. In the event that the police department or the Commonwealth's Attorney will require your participation as a witness in a criminal case, you will be contacted and provided with information as to your role in those proceedings.
7. Upon your authorization, a criminal records check will be completed as a requirement for participation. If the criminal records check reveals any conviction of a felony, serious misdemeanor, or a crime of moral turpitude, or any false statements on your application are discovered, that will be grounds for refusal of your request to participate in the Ride-along Program.
8. Please remember that you are a guest of the police department. Use this opportunity to get to know the officer, their job, and the Departments operations in the delivery of services to you and the community at large. Conversation and questions are highly encouraged!
9. You must show up **at least 15 minutes prior to the shift's starting time and provide a photo ID** to the on-duty shift supervisor. If you do not have your ID, you will not be permitted to ride along at that time.
10. Your participation in the Ride-a-long Program is limited to a single, 10-hour ride-along every 6-months, unless additional ride-along sessions are approved by the Chief of Police, or their designee.
11. Failure to meet or follow the guidelines/rules of conduct of this program shall be grounds for refusal to participate or your continued participation in the Ride-Along Program.
12. You will be required to complete a release and waiver of liability as part of your participation in the Ride-Along Program.
13. As a means of assessing our program and making improvements, at the conclusion of your ride-along, you will be asked to complete a review of your experience. We value your opinion and constructive feedback is appreciated.



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## RIDE-ALONG PROGRAM APPLICATION FOR PARTICIPATION

Dear Ride-Along Participant:

Thank you for your interest in the Charlottesville Police Department's Ride-Along Program. Please complete the information below and return to the police department. The information is sought in order to maintain our records, is required by law for a criminal history check, and to acquaint the host officer with you. We thank you for your interest in our department and hope you enjoy the experience! Ride-Along participants may ride once every 6 months; however, the Chief of Police may grant exceptions. Upon request, the police department will make reasonable accommodations for persons with disabilities.

Check one: <input type="checkbox"/> Citizen Participant <input type="checkbox"/> Applicant <input type="checkbox"/> Media <input type="checkbox"/> Student			Date submitted:
<b>Applicant Information:</b>			
Name:	DOB:	Last 4 of SSN#:	
Address:			
Phone #:	Email:		
<b>Emergency Contact Information:</b>			
Name:	Phone #:		
<b>Other Information:</b>			
Have you participated in our ride-along program before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____			
Are you representing a community or civic organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Who? _____			
Place of business (or school):			
Please furnish the reason for this ride-along request.			
<b>Ride-along Preferences:</b>			
Date Desired:	Alternative Date:	Time(s) Desired:	
Specific Officer? If "Yes", Who?			
<b>Official Use Only:</b>			
Date Received: _____	By: _____	Approved: <input type="checkbox"/>	Disapproved: <input type="checkbox"/>
Release & Waiver signed: <input type="checkbox"/>	Participant Notified: <input type="checkbox"/>	By: _____	Date: _____
C.H. Completed: <input type="checkbox"/>	By: _____	Date: _____	Host Officer Assigned: _____



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## RIDE-ALONG PROGRAM RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_, have requested to accompany and observe an officer of the Charlottesville Police Department in the performance of their duties ("Ride Along Activity"). I understand that in doing so, I may encounter events and circumstances that present a serious risk of personal injury or death to me. With this knowledge, as an inducement for the Police Department to allow me to participate in the Ride Along Activity, and to the fullest extent allowed by law, I expressly assume the risk of personal injury or death. I hereby agree to waive and release any and all rights that I or my heirs, administrators or executors may have to make a claim or demand against the City of Charlottesville, its Police Department, or their officers, officials and employees, arising out of any damage to or loss of property, and any personal injury or death which I might sustain arising out of, as a result of, or in connection with the Ride Along Activity, other than any such damage, loss, injury or death resulting from the gross negligence of any of the foregoing. I further agree to indemnify and hold harmless all of the foregoing from any claims that might be made against them by others, arising out of or in connection my own negligent acts or omissions during the Ride Along Activity. I enter into this Release and Waiver of Liability Agreement, and the indemnification provisions herein, knowingly, and voluntarily.

I, the undersigned, also hereby give consent and authorize the Charlottesville Police Department to search their files and the Virginia Central Criminal Records Exchange (CCRE) for any criminal history record and report the results of such search to the agent or individual authorized in this document to receive same in accordance with the Code of Virginia.

I, the undersigned, further agree that I will fully comply with the Ride-Along Program Guidelines and Rules of Conduct, and that I will obey all instructions given to me by any police officer for the protection of my personal safety during my participation in the Ride-Along Program.

I, the undersigned, fully understand that the Chief of Police, or their authorized designee, must approve my application and this waiver prior to me being eligible to participate in the Charlottesville Police Departments Ride-Along Program and that the Department will maintain this form as required by law.

Applicant (*signature*): \_\_\_\_\_ Date: \_\_\_\_\_

If applicable, Parent/Guardian (*signature*): \_\_\_\_\_ Date: \_\_\_\_\_

### Official Use Only:

Chief of Police, or designee (*signature*): \_\_\_\_\_ Date: \_\_\_\_\_

Witness (*signature*): \_\_\_\_\_ Date: \_\_\_\_\_



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## RIDE-ALONG PROGRAM PARTICIPANT EVALUATION FORM

Dear Ride-Along Participant,

Thank you for participating in the Charlottesville Police Department's Ride-Along Program! We hope you enjoyed your experience and that the time spent with your host officer was both informative and beneficial. Please take a few moments and fill out this evaluation form. Your insight and comments will help us to continually evaluate and improve our Ride-Along Program.

Name:	Date of Ride-Along:
Check one: <input type="checkbox"/> Citizen Participant <input type="checkbox"/> Applicant <input type="checkbox"/> Media <input type="checkbox"/> Student	
Host Officer's Name:	
Please furnish the reason for your ride-along.	
Did the Ride-Along help you gain a better understanding of police work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you considering a career in law enforcement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the Host Officer answer all of your questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you recommend our program to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How would you rate your overall Ride-Along experience?	
<input type="checkbox"/> Outstanding <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
What did you enjoy <u>most</u> about your Ride-Along experience?	
What did you enjoy the <u>least</u> about your Ride-Along experience?	
Comments/Recommendations for program improvement?	