



CITY OF CHARLOTTESVILLE

Police Department
606 E. Market Street • Charlottesville, Virginia 22902
Telephone: 434-970-3280
Fax: 434-970-3233
www.charlottesville.org/police

Ride-Along Program Guidelines

- I. You will be in the public eye and should understand that your behavior and dress reflect upon the Charlottesville Police Department; therefore appropriate and inconspicuous clothing is required. Business casual dress is required. NO JEANS, T-SHIRTS, SHORTS or OPEN TOE SHOES.
- II. You may not smoke or use smokeless tobacco during the Ride-Along.
- III. 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.
- IV. You are prohibited from carrying any flashlight, radio, camera, tape recorder, or other recording device, or binoculars.
- V. You are further prohibited from carrying any weapons or restraining devices of any kind. *Exceptions may be granted to sworn law enforcement personnel.*
- VI. 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.
- VII. If our criminal records check of you reveals any conviction of a felony, serious misdemeanor, or a crime of moral turpitude, that will be grounds for refusal of the request to participate.
- VIII. Please remember that you are a guest of the police department. Use this opportunity to get to know the officer and his job. Conversation and questions are encouraged.
- IX. Please report 15 minutes prior to your scheduled departure at the Police Department, located at 606 East Market Street, Charlottesville.
- X. Participation in the ride-a-long program is limited to one 10-hour ride-along every 6 months, unless additional ride-along sessions are approved by the Chief of Police, Deputy Chief of Police or FOD Commander.
- XI. Failure to meet the guidelines of this program shall be grounds for refusal to participate in the Ride-Along Program.

(Detach briefing letter and give to participant)



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Dear Ride-Along Participant:

Thank you for your interest in the Charlottesville Police Department's Ride-Along Program. Please fill in the information below and return to the police department.

Check One: Citizen Participant CPD Applicant Media Personnel

Today's Date: _____

Full Name: _____

Home Address: _____

Local Address: _____

Phone Number(s): _____

Date of Birth: _____ SSN: _____

Place of Business (or school): _____

Community or Civic Organization represented, if any: _____

Why are you interested in participating in this program? _____

Date of Requested Ride-Along: _____

Shift Requested: Daylight Evening Midnight

Name of Officer you are requesting to ride with, if any? _____

Your relationship to this Officer? _____

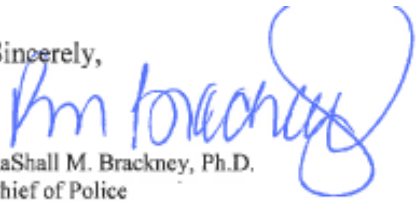
Do you authorize us to conduct a criminal records check? Yes No

Emergency Contact Information: _____

The above information is sought in order to maintain our records and acquaint the police officer with you. We thank you for your interest in our department.

Ride-Along participants may ride once every 6 months. The Chief of Police may grant exceptions. Upon request, the police department will make reasonable accommodations for persons with disabilities

Sincerely,


RaShall M. Brackney, Ph.D.
Chief of Police

For Office Use Only

Date Received: _____ Received by: _____

Date Criminal Records Check Completed: _____ Completed by: _____

Date Approved/Denied (circle): _____ Approved/Denied by: _____

1st Contact Attempt: _____ 2nd Contact Attempt: _____

Date assigned: _____ Assigned by: _____

Ride-Along date and arrival time: _____

Ride-Along with (Officer): _____



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RELEASE AND WAIVER

Release and Waiver of Liability

I, the undersigned applicant, have requested to accompany and observe an officer of the Charlottesville Police Department in the performance of his 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 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 agree that I will fully comply with the Ride-Along Program Guidelines and that I will obey all instructions given to me by any police officer for the protection of my personal safety.

A Division Commander or the Chief of Police must approve this waiver prior to participating. The Division Commander must ensure this form is filed for one (1) year.

_____ (Chief of Police or Division Commander)

_____ (APPLICANT)
Parent/Guardian (If participant is a juvenile)

_____ (WITNESS)

Ride-Along Review Form

Name: _____

Officers Name: _____

Ride-Along Date: _____

Shift: _____

Reason for Ride-Along:

What did you enjoy most about your Ride-Along experience?

What did you enjoy least about your Ride-Along experience?

What suggestions would make to improve the Ride-Along program?

