

CITY OF LEXINGTON

Police Department

P.O. Box 938, 11 Fuller Street

Lexington, Virginia 24450

[540] 462-3705; fax [540] 463-9257

RIDE-ALONG PROGRAM

NOTICE TO PARTICIPANT

The Police Department implemented the Ride-Along Program so citizens could ride with police officers in order to get a better understanding of what the officer does for the community, and to promote good community relations. If you are interested in volunteering to participate in the Ride-Along Program, please read and make sure you understand the hazards and rules listed herein, and acknowledge them by signing below, filling in the information on the attached sheets, and returning the whole package back to the Lexington Police Department. Any questions about the hazards and rules can be directed to any member of the Lexington Police Department.

The Ride-Along Program is **strictly voluntary**. Law Enforcement can be extremely dangerous and life-threatening. A high majority of complaints and job related functions that an officer performs places him/her in harm's way and can take place at any given moment. Listed below are just a few functions/dangers that police officers routinely face on a daily basis.

- Responding to domestic violence calls
- Responding to a business or residential burglar alarm
- Responding to fight calls with or without weapons
- High speed chases
- Felony and misdemeanor traffic stops
- Becoming involved in a major accident
- Becoming involved in a shooting
- Becoming involved in an ambush on routine patrol

There are many other incidents in which an officer can become involved that are extremely dangerous. If it is clear to the officer that he is responding to a dangerous situation, the officer will let you out of the patrol car in a safe and lighted area before responding. You may be subpoenaed to testify in court proceedings as a witness.

The Ride-Along Program is available to **citizens 18 years of age or older**. (Students under the age of 18 participating in school functions, such as Career Day, may be allowed to ride-along, only with the parent's written permission and the approval of the Chief of Police or his designee.) Police supervisors of the department will coordinate the Ride-Along Program and provide the host officers from Uniform Patrol to conduct the tours. **Only one participant will be assigned to a unit at any one time**. Applicants will be selected in chronological order from their filing dates. **Participants will not be allowed to carry any type of weapon. The use of cameras and/or recording equipment is prohibited** unless approved by the Chief of Police. Participants must be properly attired in order to ride. A person is not permitted to participate in the Ride-Along Program more than twice within a twelve month period, unless special permission is received from the Chief of Police.

On the scheduled day and time, the participant must go to the Police Department. **Under no circumstances will the participant be picked up at any other location**. A brief, get-acquainted meeting will be held so that the host officer can be introduced and any questions answered. Once the introduction is completed, an abbreviated tour of the police facility will be given. The remainder of the Ride-Along assignment will be spent under the direction of the host officer.

I HAVE READ AND UNDERSTAND THE HAZARDS AND RULES OF THE LEXINGTON POLICE DEPARTMENT'S RIDE-ALONG PROGRAM.

Signature

Date

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CITIZEN RIDE-ALONG REQUEST

A criminal background check is required prior to participation.

Name (print): _____

Age: _____

Address: _____

Phone: _____

I would like to ride-along on _____ (date) , through the
City of Lexington, accompanying Officer _____ for the
following reasons: _____

I have read and signed the release form and I understand the provisions.

Signature (if rider is juvenile, parent/guardian signature)

Date

Office use only:

Request for Ride-Along is:

Approved

Disapproved

If approved, observer is authorized to ride _____ (hours) on
_____ (date) with Officer _____.

Chief of Police/Assistant

Date

Notified citizen of approval: _____
date/time

Signed: _____

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OBSERVER'S RIDE-ALONG COMMENTS

The Police Department hopes that your Ride-Along has been informative, enlightening, and has given you an insight into the problems facing law enforcement, your police officers, and your community. Any comments you have, positive or negative, will be most welcomed.

Sincerely,
Chief of Police

Name (print): _____

Age: _____

Address: _____

Phone: _____

1. What impressed you the most? _____

2. In what way did this experience affect your attitudes? _____

3. Relate any suggestions for, or criticisms of, the program. _____

General Comments: _____

Observer's Signature _____

_____ Date

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OFFICER'S RIDE-ALONG REPORT

Name of Rider: _____ **Date/Time of Ride:** _____

Officer Name: _____

Note any unusual comments or activities which might be of later significance, or other problems you felt were significant. _____

If this person requests Ride-Along permission **again**, should it be granted? Yes No

If no, please explain: _____

Officer's Signature

Date

This form should be completed and returned to the Chief's assistant upon completion of Ride-Along.

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**AUTHORIZATION FOR RELEASE
OF PERSONAL INFORMATION**

I, _____, do hereby authorize full disclosure and review of all public, private, or confidential records, or any part thereof, concerning myself, by a duly authorized agent of the Lexington Police Department.

The intent of this authorization is to give my consent for full and complete disclosure of the records of

- records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records;

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for the ride-along program by the Lexington Police Department. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney fees arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereby, even though the said photocopy does not contain an original writing of my signature.

Social Security Number

Date of Birth

Applicant's Signature

Date