

FRONT ROYAL POLICE DEPARTMENT RIDE-ALONG PROGRAM

The Front Royal Police Department's community-oriented policing goals include a commitment to work with the community to solve neighborhood problems and to provide public enlightenment and transparency. The Ride-Along Program allows citizens to voluntarily accompany uniformed officers to experience day-to-day duties and responsibilities.

To accomplish this goal, all applicants must meet the following requirement and agree to carry out the following

1. The attached Application and Liability Waiver forms must be fully completed and submitted at least five (5) working days before the desired Ride-Along date.
2. Participants must be at least sixteen (16) years of age.
3. Participants are permitted two (2) 5-hour ride-alongs per calendar year.
4. Participants are required to wear casual business attire or casual wear in good taste. Uniforms of any type will not be allowed (ie: military, other police agencies, etc.) unless prior approval is obtained.
5. No weapons, restraining devices, binoculars, or radios are permitted.
6. No cameras, audio/video recorders, or cell phones are permitted to record at any time, unless prior approval has been granted by the Chief of Police.
7. Because of the potential for police activity to escalate to a dangerous level, all participants will obey the directions and instructions of the officer. No interference with the performance of the officer is permitted unless specifically requested.
8. Participants will not be taken to a scene where there is potential for a clear and present danger to them. Under these circumstances, participants understand that the officer may drop them off at a safe, public location, to be picked up later by the assigned officer, or arrangements made for them to be picked up.
9. Participants are not to leave the patrol car while on the scene of police activity without permission of the officer or supervisor.

You are riding in the capacity of an observer and you are under complete control of the officer at all times. Every effort is made to insure your safety; however, the Officer's first responsibility is to carry out his/her assigned duties. The officer you accompany will discuss his/her duties as time permits. If an emergency should arise, you must comply with any orders or directions given you by the Officer.

The required completion of the Application and Liability Waiver forms provide notice of the rights and liabilities related to participation in our Ride-Along Program. Participants assume any and all risks associated with the officer's performance of official duties as a condition of accompanying any members of the Front Royal Police Department in the Ride-Along Program.

Thank you for your interest in the Front Royal Police Department!

(Please retain this page for future reference)

Front Royal Police Department Ride Along Application

Please Print Legibly

**Complete this application in its entirety.
If approved you will be contacted with your scheduled date and time.**

Name (Last, First, Middle):					
Address:					
	City		State	Zip Code	
Home/Cell Phone:			Work Phone:		
Date of Birth:		Race:		Sex:	
Driver's License/ID Number:			Driver's License State:		
Occupation/School:			Employer:		
Have you ever been arrested for a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain:					
Have you ever participated in the Ride Along Program before? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, when?	
Why do you want to participate in the Ride Along Program?					
Please check the shift and list possible dates that you want to ride. The date you are given will be at the discretion of the Patrol Captain.					
<input type="checkbox"/> 07:30am - 12:30pm		1.			
<input type="checkbox"/> 12:30pm - 05:30pm		2.			
<input type="checkbox"/> 05:30pm - 10:30pm		3.			
<input type="checkbox"/> 10:30pm - 03:30am					
Person to Notify in Case of Emergency:			Contact Phone Number:		
For Department Use Only					
Records Check Status:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, attach hard copy	Check Performed by:	Date:
NCIC Status:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Check Performed by:	Date:
Criminal History:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Check Performed by:	Date:
Application:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Patrol Captain's Initials:	Date:	
Comments:					
Date Scheduled:			Shift:		
Requestor Notified:	Date:	Time:	Notified by:		
To be Filled Out by the On-duty Supervisor at the Time of Ride Along					
Citizen was assigned to ride with Officer:					
Date of Ride Along:	Time In:	Time Out:			
On-Duty Supervisor's Signature:					
Comments:					

Dear Observer;

The police department hopes that your Ride Along experience has been informative, enlightening, and has given you an insight into the conditions facing law enforcement, your police officer, and your community.

Any comments you may have, positive or negative will be most welcomed.

We thank you for participating in our department's Ride Along Program.

OBSERVER'S RIDE ALONG COMMENTS

NAME OF RIDER: _____ AGE: _____

1. What impressed you the most?

2. In what way did this experience affect your attitude toward law enforcement?

3. Please relay any suggestions for, or criticisms of the program.

Signature of Observer

OFFICER'S RIDE ALONG REPORT

OFFICER: _____

NAME OF RIDER: _____

DATE OF RIDE-ALONG: _____

TIME OF RIDE ALONG: _____

FROM

TO

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

If this person requests permission to participate in the Ride Along Program, should it be granted?

YES

NO

If no, explain.

Officer's Signature

Please return packet to the Administration Division at the end of your tour of duty.