

Roanoke Police Department Ride Along Program Application

Please read over this entire application very carefully, print clearly and complete all sections. Applications can be obtained from and returned to the Roanoke Police Department, Attention: Roanoke Police Academy, 348 Campbell Avenue SW, Roanoke, VA 24016 or the Roanoke Police Academy, 5401-B Barns Avenue NW, Roanoke, VA 24019.

Name (Last, First, Middle): _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____ Phone #: (H)____ (Wk): _____

Race: ____ Sex: ____ Date of Applicant's Last Ride Along: _____

Do you know any Roanoke Police Officers ____yes____ no. Relationship: _____

Check the Platoon/Unit with which you prefer to ride: ____ Day Shift (8:00am-8:00pm) ____ Night Shift (8:00pm-8:00am)

Person To Notify In Case Of Emergency: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (H) _____ (W): _____

Do you have any physical impairments (including pregnancy)? ____ Yes ____ No

If yes please explain: _____

Are you a graduate of the Roanoke Citizen Police Academy? ____ Yes ____ No

Have you ever been convicted of a misdemeanor? ____ Yes ____ No

Have you ever been convicted of a felony? ____ Yes ____ No

If you answered yes to either of the above, please explain:

Please state your interest in the Ride-Along Program: _____

Print applicant's name: _____ Applicant's signature: _____

For Department Use Only

Records Check Status: Negative ____ Positive ____ History on File ____ Check performed Date ____ by: _____

NCIC Status: Negative ____ Positive ____ History on File ____ Check performed date ____ by: _____

Application: Approved ____ Denied ____ Operations Division Commander Initials: ____ Date: _____

Comments: _____

Chief of Police or designee approval: _____ **Date:** _____

Operations Division Deputy Chief or designee approval: _____ **Date:** _____

To be Filled Out by the On-duty Supervisor at the Time of the Ride Along

Citizen Assigned to Ride with Officer: _____

Date of Ride Along: _____ Time In: _____ Time Out _____

On-Duty Supervisor's Signature: _____

Comments: _____

Received by Academy History Sent ____ History Complete ____ Message Left ____ Contact Made ____

Platoon/Shift Scheduled _____ Confirmations Sent _____

Roanoke Police Department Ride Along Program Procedures

1. Applicants must be at least 18 years of age.
2. Completed applications can be returned or mailed to the Roanoke Police Department, Attention: Roanoke Police Academy, 348 Campbell Avenue SW, Roanoke, VA 24016 or returned or mailed to the Roanoke Police Academy, 5401-B Barns Avenue NW, Roanoke, VA 24019.
3. A criminal record check will be conducted. Allow at least two weeks for the application to be processed.
4. The results of the criminal record check **and the prior written approval of the Chief of Police, Operations Division Deputy Chief or their respective designee** will determine the applicant's eligibility to participate in the Ride Along Program.
5. The applicant may select with which Platoon/Unit the applicant desires to ride.
6. It is the applicant's responsibility to arrive at least 30 minutes prior to the Platoon/Unit starting time and present identification and a copy of the approved application to the on-duty. If the applicant does not have the appropriate identification or copy of the approved application with them, the applicant will not be permitted to ride along at that time.

**Roanoke Police Department Ride Along Program
Rules of Conduct**

1. You will be assigned to ride with a police officer of this Department. Requests for assignment with a specific officer will be at the discretion of the on-duty supervisor. You must have your approved ride along application with you at the time you ride with the officer.
2. You shall not carry any weapon of any kind while participating in the program.
3. The police officer with whom you ride will be happy to discuss duties and responsibilities insofar as time permits. In the event of an emergency you must immediately and without question comply with any order or directions given to you by the officer or any other member of the Department.
4. You are not to leave the patrol car at the scene of any police activity without first obtaining permission from the officer.
5. The duration of the ride is at the discretion of the officer.
6. You may NOT use cameras or tape recorders.
7. You will be required to present a neat and clean appearance and wear appropriate business-like attire. Casual clothing such as jeans, shorts, T-shirts, and sneakers is not acceptable.
8. Any officer having difficulty with a ride along participant will immediately notify a supervisor. The supervisor will decide if the ride along participant can be assigned to another officer to complete the ride along or if the ride along should be terminated.
9. Participants in the Ride Along Program will not enter any residence or structure during the execution of a search or arrest warrant or any forced entry into a structure. The ride along participant will remain in the police vehicle during any such entry. This does not prohibit the participant from accompanying the officer on calls when the officer is invited into a residence. Probation Officers and Commonwealth Attorneys may enter with the police in such instances if their presence is to aid in the execution of the warrant or search.
10. Officers are prohibited, while in the company of a ride along participant, from engaging in any form of pursuit driving, responding to a call for service involving the presence of violence, and/or placing the ride along participant in a situation which may compromise the participant and/or officer's safety. If officers must engage in such activities, they will **leave** the ride along participant at a safe location.
11. Ride along participants will not interfere with investigations in any way by conversing with victims, suspects, or witnesses, handling evidence or equipment, or participating in any enforcement activity unless directed to do so by the officer per section §18.2-463 Code of Virginia, Refusal to Aid Officer in the Execution of his Office.
12. Any law enforcement personnel approved as a ride along participant will be treated as a civilian, and all procedures governing the program will apply.
13. **No** ride along participant will be allowed to carry any weapons with the exception of **a certified law enforcement officer or Virginia Probation and Parole Officer while in the performance of their official duties.**

Roanoke Police Department Ride Along Program
RELEASE AND WAIVER and ACKNOWLEDGMENT of RISK

Police officers can be, and often are, assigned duties which involve danger and serious risks. Duties which involve emergencies or danger will not be avoided because you are present. While every reasonable effort will be made to ensure your safety, the officer's first responsibility will be to carry out his assigned duties. Please be aware that in riding along, you have assumed the risk of becoming injured or even killed. These risks include but are not limited to the following: being involved in a traffic accident, being shot, being taken hostage, being exposed to OC spray, being assaulted, being cut or stuck by a sharp weapon, being exposed to contagions and/or being verbally abused.

I, _____, age _____, residing at _____, do hereby **RELEASE** and forever **DISCHARGE** the City of Roanoke, the Roanoke Police Department, and all its officers, agents, and employees from any and all claims, demands, and liabilities to me on account of any and all injuries, losses, and damages to my person and property which may arise while participating in the Roanoke Police Department Ride Along Program, while present at any occurrence involving the police or any police activity of the Roanoke Police Department; the intention hereof being completely, absolutely, and finally release said City of Roanoke, Roanoke Police Department, its officers, agents, and employees from all liabilities arising wholly or partially from the cause aforesaid.

Furthermore I acknowledge that as a participant in the Ride Along Program I have **No** powers of arrest or seizure. I will adhere to all polices and procedures of the Roanoke Police Department. I will follow the direction/instructions of the police department employee(s) I am assigned with.

AND, FURTHER, the undersigned covenants and agrees to protect and save harmless said City of Roanoke, the Roanoke Police Department, and all its officers, agents, and employees from any further loss, damage, or expense, by reason of litigation or otherwise, on account of the claims, liabilities, and injuries to person or property aforesaid.

Witness my hand and seal this _____ day of _____, 20____, in the City of Roanoke. I agree that this release and waiver will be effective for any of my participation in the Roanoke Police Department Ride Along Program for twelve (12) months from this date.

Signature _____ (SEAL)
Print Name _____ Social Security Number _____ - _____ - _____
Date of Birth _____
Address _____
Phone Numbers Cell and Home: Cell _____ Home _____
Witness to signature _____
Date _____