

## WINCHESTER POLICE DEPARTMENT RIDE-ALONG PROGRAM

---

### Ride Along Policy and Rules

The goal of the Winchester Police Department Ride Along Program is to acquaint citizens with the department while providing quality service to the community. In order to accomplish this goal, the following policies and rules are applied to this program.

- ✓ The attached Authorization and Waiver forms must be submitted at least **two weeks prior to the requested ride along date**. Please mail or hand-deliver the entire Ride Along packet to 231 East Piccadilly St, Suite 310, Winchester, Virginia 22601. If you have any questions please feel free to contact the Patrol Division Captain at (540) 662-4131.
- ✓ The minimum age for the Ride Along Program is 18 unless the Chief of Police grants an exception for 16 and 17 year olds.
- ✓ The Ride Along Program is offered as a privilege. The Winchester Police Department reserves the right to refuse any application for a ride along and a ride along may be terminated at any time at the discretion of the Officer or the Shift Supervisor.
- ✓ "Uniforms" of any type will **not** be allowed (ie: military, other police agencies, etc.) unless prior approval is obtained.
- ✓ Tape recorders and cameras will **not** be allowed unless previously approved by the Police Department.

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 some emergency should arise, you must without question, comply with any orders or directions given you by the Officer. The required completion of the Authorization and 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 Winchester Police Department in the Ride Along Program.

Thank you for your interest in the Winchester Police Department!  
(Please retain this page for future reference)

## Winchester 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?									
<b>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.</b>									
<input type="checkbox"/> First Shift				1.					
<input type="checkbox"/> Second Shift				2.					
<input type="checkbox"/> Third Shift				3.					
Person to Notify in Case of Emergency:					Contact Phone Number:				
<b>For Department Use Only</b>									
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:				
<b>To be Filled Out by the On-duty Supervisor at the Time of Ride Along</b>									
Requestor Notified:		Hours:		Date:		Supervisor's Initials:			
Citizen was assigned to ride with Officer:									
Date of Ride Along:			Time In:		Time Out:				
On-Duty Supervisor's Signature:									
Comments:									

**WINCHESTER POLICE DEPARTMENT  
RIDE ALONG PROGRAM  
RELEASE OF CLAIMS, INDEMNITY AGREEMENT, AND COVENANT NOT TO SUE**

Whereas, I, \_\_\_\_\_, not being a member of the City of Winchester, Virginia Police Department, have made a voluntary request to ride as a guest in a vehicle assigned to the Winchester Police Department and to accompany members of the Police Department during the performance of their official duties; and

WHEREAS, the Winchester Police Department is permitting me to ride as a guest in a vehicle assigned to that department and to accompany members of said departments during the performance of their duties,

I DO HEREBY AGREE:

1. That I am aware that the work of the Police Department is inherently dangerous, and that I may be subjected to the risk of death, personal injury, or damage to my property by accompanying members of the department during the performance of their official duties and I freely, voluntarily and with such knowledge, assume the risk or risks associated with such activities, including but limited to: death, personal injury, or property damage arising from or in any way connected with the use of weapons, unlawful acts or forcible resistance, law violators or suspected law violators, assault, riot, breach of peace, fire, explosives, gas, electrocution, or the escape of hazardous substances, or the sustaining of injury in any other way while accompanying members of the department during the performance of their official duties.
2. The Winchester Police Department has not induced me to participate in the Ride Along Program and I am not relying on any representations of the department as to the safety, supervision, or support during participation in the program.
3. That I exempt and release the City of Winchester, its public officials and employees and sureties, all members of the Winchester Police Department and their sureties, and each of them from any and all liability, claims, demands, or actions or causes of action whatsoever arising out of any damage, loss or injury to me or my property incurred while riding in any vehicle assigned to the Winchester Police Department or while accompanying members of the department during the performance of their official duties or while on the premises of the department, whether such loss, damage or injury results from the negligence of the City of Winchester, its public officials and employees and their sureties, any members of the Winchester Police Department and their sureties, and each of them, or from some other cause.
4. For myself, my heirs, personal representatives, executors, administrators and assigns to defend, indemnify and covenant not to sue the City of Winchester its public officials and employees, any members of the Winchester Police Department, their sureties and each of them , against any and all manner of actions, causes of action, suits, debtors, claims, demands, damages, or liability, or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission by me or by them while riding in any vehicle assigned to the Winchester Police Department or while accompanying any member or members of said department during the performance of their official duties.
5. I freely, voluntarily and with the knowledge of the contents of this document and its exhibit assume the risk or risks associated with participation in the Ride Along Program, including but not limited to death, personal injury, or property damage arising from or connected with participation in the program, either with or without the supervision of a member or members of the Winchester Police Department.

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENT OF THIS DOCUMENT AND SIGN THE SAME OF MY OWN FREE WILL.

**CAUTION: READ THIS DOCUMENT IN FULL BEFORE SIGNING**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**WINCHESTER POLICE DEPARTMENT**  
**Ride Along Program**  
**Parental Release Form**  
**(for participants either 16 and 17 years of age)**

---

1. We are the legal guardians of, \_\_\_\_\_, the minor child who has applied to the City of Winchester to participate in the following activity at the Police Department.
2. We have carefully read the preceding Release of Claims, Indemnity, and Covenant Not to Sue ("The Release") executed by him/her.
3. We believe that our child is sufficiently mature to understand the terms of Release, to consent knowingly to the terms of the Release, and to assume knowingly the risks accompanying his/her participation in the above mentioned activity.
4. On our behalf, and as legal guardian of said minor child, we hereby agree as follows:
  - a. We consent to our child's execution of the Release and participation in the above described activity.
  - b. We hereby waive and release any claim against the City of Winchester, the Winchester Police Department, its Chief, employees, agents, and sureties that may arise out of any injury, damage, loss, or expense, either to our minor child, to us, or to our property, incurred while our child is participating in the above-described activity.
  - c. We agree on behalf of ourselves, our heirs, executors, administrators, and assigns, to defend and indemnify the City of Winchester, the Winchester Police Department, its Chief, employees, and sureties, from any and all manner of actions, causes of actions, suits, debts, claims, demands, damages, liability, or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission by the City of Winchester, its public officials and employees and their sureties, any members of the Winchester Police Department and their sureties, my child, or from some other cause while he/she is riding in any vehicle assigned to the Winchester Police Department or accompanying any member or members of said Police Department during the performance of their official duties.

WE HEREBY REPRESENT THAT WE HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND SIGN THE SAME OF OUR FREE WILL.

**CAUTION**

**READ THE PARENTAL RELEASE AND THE RELEASE OF CLAIMS, INDEMNITY AGREEMENT, AND COVENANT NOT TO SUE IN FULL BEFORE SIGNING.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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 to the Patrol Captain's Office through the Shift Commander at the end of your tour of duty.