|  |  |
| --- | --- |
| Date: |       |
|  |
| **Please complete this form including the Liability Page and deliver to:****Richmond Police Department Headquarters OR Any Richmond Police Department Precinct** |
|  |
| Type of Applicant | [ ]  I am a Citizen Participant | **Once received, forward all requests to:****Ride-Along Coordinator****Community, Youth & Intervention Unit****Richmond Police Department****200 W. Grace Street****Richmond, VA 23220** |
| [ ]  I am an Applicant for RPD |
| [ ]  I am a member of the Media |
|  |
| Preferred Location and Shift for Ride-Along | [ ]  1st Precinct, 2501 Q Street, Richmond, VA 23223 | [ ]  Day Shift [ ]  Night Shift |
| [ ]  2nd Precinct, 177 E. Belt Boulevard, Richmond, VA 23224 | [ ]  Day Shift [ ]  Night Shift |
| [ ]  3rd Precinct, 301 S. Meadow Street, Richmond, VA 23220 | [ ]  Day Shift [ ]  Night Shift |
| [ ]  4th Precinct, 2219 Chamberlayne Avenue, Richmond, VA | [ ]  Day Shift [ ]  Night Shift |
|  |
| Full Name: |       |       |       |       |
|  | First | Middle | Last | Suffix |
| Home Address: |       |       |     |       |
|  | Street | City | State | Zip Code |
| Identifiers: |       |       |       |       |       |
|  | Sex | Race | Date of Birth | Place of Birth | Social Security Number |
| Contact Info: |       |       |       |
|  | Home Phone Number | Cell Phone Number | Email Address |
| Have you ridden with the RPD in the last 12 months?  | [ ]  No[ ]  Yes  | If yes, when?  |       |
|  |
| Do you have any mental and/or physical impairments?  | [ ]  No[ ]  Yes  | If yes, please explain?  |       |
|  |
| Have you ever been convicted of a Misdemeanor or Felony?  | [ ]  No[ ]  Yes  | If yes, please explain?  |       |
|  |
| By signing this form, I certify that the above information is correct. I also authorize the Richmond Police Department to conduct a criminal records check to determine my eligibility to participate in this program. |  |
|  | Signature |
| * During this Ride-Along you will be a silent observer. We request that you do not reveal what you see or hear during the tour that could be detrimental to the prosecution of any cases arising from the Officer’s performance of duty. You may be called upon to be a witness in a court proceeding and you may be called upon for assistance. The decision for this will rest upon the officer to whom you are assigned and the circumstances.
* All participants are expected to wear business casual attire, unless further approval is granted by the Chief of Police or designee. Participants must be at least 18 years of age unless further approval is granted. Ride-Along participants will not be permitted to carry weapons of any kind. Cameras or tape recorders are not permitted unless prior approval is granted by the Chief of Police or designee.
* The Richmond Police Department’s Ride-Along Program is a privilege extended to persons who are interested in observing the police officer, their duties and how they interact with the community. The Department reserves the right to refuse participation in the program.
* Conviction of any felony or a misdemeanor involving moral turpitude may prohibit the applicant from participating in the program. All other misdemeanor convictions will be considered on a case-by-case basis.
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| **FOR OFFICE USE ONLY** |
|  |
| Date received and forwarded for a record check: |  |
|  |
| Criminal records check completed by: |  |
|  |
| 🞎 Approved 🞎 Denied | Date: |  |
|  |
| Date Contacted: |  |
|  |
| Date Assigned: |  |
|  |
| Shift Assigned: |  |
|  |
| Date forwarded to Assignment Location: |  |
|  |

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| **Completed By *The SUPERVISOR* at the Completion of the Ride-Along and Returned to the Unit listed below for ACCOUNTING** |
|  |
| Assigned to ride with: |  |  |  |
|  | Officer’s Name | Code # | Unit # |
|  |
| Assigned by: |  |  |  |
|  | Supervisor’s Name | Code # | Unit # |
|  |
| Start of Ride-Along: |  |  | End of Ride-Along: |  |  |
|  | Date | Time |  | Date | Time |
|  |
| Total Duration of Ride-Along: |  |  |
|  |
| [ ]  Citizen Participant *(Return to the Community, Youth & Intervention Unit for Accounting )* |
| [ ]  Applicant for RPD *(Return to the Personnel & Recruitment Unit for Accounting)* |
| [ ]  Media Personnel *(Return to the Public Affairs Unit for Accounting)* |

**After accounting, please return all completed applications to the Ride-Along Coordinator @ the Community, Youth & Intervention Unit for Archiving.**

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| **LIABILITY EXEMPTION** |
|  |
| **DATE:** |  |
|  |
| **I hereby release the City of Richmond, Virginia, and any member of the Richmond Police Department from any and all liability directly or indirectly arising out of my riding in a police unit with a police officer of the City of Richmond, Virginia.** |
|  |
| **SIGNATURE** |
|  |
|  |
| **WITNESSES:** |
| **Name:** |  | **Signature:** |  |
| **Name:** |  | **Signature:** |  |
| **Name:** |  | **Signature:** |  |
| **Name:** |  | **Signature:** |  |

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