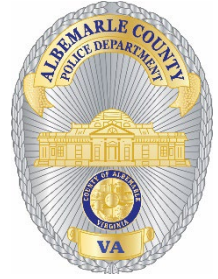




# COUNTY OF ALBEMARLE POLICE DEPARTMENT



## RIDE-ALONG PROGRAM APPLICATION FORM

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
(CITY) (STATE) (ZIP)

TELEPHONE: (HM.) \_\_\_\_\_ (WK.) \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ EMPLOYER/SCHOOL: \_\_\_\_\_ DRIVERS LIC#: \_\_\_\_\_

ARE YOU APPLYING FOR A POSITION WITH THE ALBEMARLE COUNTY POLICE DEPARTMENT?  YES  NO

DO YOU HAVE ANY PHYSICAL DISABILITIES FOR WHICH THE POLICE DEPARTMENT MAY HAVE TO MAKE ACCOMODATIONS? \_\_\_\_\_ IF SO, PLEASE DETAIL THE DISABILITY AND TELL US WHAT ACCOMODATIONS YOU REQUIRE:  
\_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN TRAFFIC VIOLATIONS IN VIRGINIA OR ELSEWHERE? \_\_\_\_\_ IF YES, EXPLAIN:  
\_\_\_\_\_

HAVE YOU EVER PARTICIPATED IN THIS PROGRAM BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_

PLEASE CHOOSE THE 1) DATE **AND** 2) DIVISION YOU WOULD PREFER TO RIDE: DATE: \_\_\_\_\_

DIVISION:  DAYLIGHT PATROL  EVENING PATROL  MIDNIGHT PATROL  TRAFFIC UNIT  ANIMAL CONTROL

IS THERE A PARTICULAR OFFICER YOU WANT TO RIDE WITH?  YES  NO  
IF SO, WHICH OFFICER? \_\_\_\_\_

ARE YOU A RELATIVE OF AN ACPD EMPLOYEE?  NO  YES RELATIONSHIP: \_\_\_\_\_

**\*\*ONCE ALL INFORMATION ABOVE HAS BEEN COMPLETED, PLEASE BRING FORM IN PERSON TO THE ALBEMARLE COUNTY POLICE DEPARTMENT (1600 5TH STREET, SUITE D, CHARLOTTESVILLE, VA 22902). FORM MUST BE SIGNED IN FRONT OF AN AUTHORIZED WITNESS AT THE POLICE DEPARTMENT.\*\***

*BY SIGNING BELOW, THE APPLICANT INDICATES UNDERSTANDING THAT RIDING WITH POLICE OFFICERS DURING A PATROL SHIFT MAY REQUIRE THE APPLICANT TO GIVE SWORN STATEMENTS AND TESTIFY IN COURT ABOUT SITUATIONS WHICH OCCUR IN THE APPLICANT'S PRESENCE. THE APPLICANT AGREES TO COOPERATE WITH THE POLICE DEPARTMENT, HOWEVER NECESSARY. BY SIGNING BELOW, THE APPLICANT CONSENTS TO COMPLETION OF BACKGROUND AND CRIMINAL HISTORY CHECKS. (A NEGATIVE CRIMINAL HISTORY MAY RESULT IN DENIAL OF PERMISSION TO PARTICIPATE.)*

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

**APPROPRIATE DRESS IS REQUIRED. NO FIREARMS PERMITTED DURING RIDE-ALONG.**

**APPLICATION MUST BE SUBMITTED AT LEAST 14 DAYS BEFORE THE RIDE-ALONG DATE.**

APPLICANT WILL BE NOTIFIED OF APPROVAL OR DISAPPROVAL.  
PARTICIPATION IS LIMITED TO ONE 4 HOUR RIDE-ALONG EVERY TWELVE MONTHS.

### FOR POLICE USE ONLY

FORM OF IDENTIFICATION USED: \_\_\_\_\_

POLICE DEPARTMENT EMPLOYEE ACCEPTING THIS APPLICATION: \_\_\_\_\_ Initials: \_\_\_\_\_

APPLICANT'S RECORD CHECK PERFORMED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

OPS APPROVAL: YES NO Initials: \_\_\_\_\_

APPLICANT NOTIFIED OF APPROVAL/DISAPPROVAL BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**RIDE-ALONG WAIVER**  
**ALBEMARLE COUNTY POLICE DEPARTMENT**

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**AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT**

I, \_\_\_\_\_, age \_\_\_\_\_, have made a voluntary request to ride in a vehicle assigned to the Albemarle County Police Department and to accompany a member, or members, of the Police Department during the performance of their official duties.

In consideration of the permission given to me to participate in a ride-along program, 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** or **personal injury** or damage to my property by accompanying a member or members of the Police Department during the performance of their official duties and that I freely, voluntarily and with such knowledge assume the risk of **death, personal injury**, or property damage arising from or in any way connected with use of weapons, unlawful acts or forcible resistance by law violators or suspected law violators, assault, riot, breach of peace, fire, explosion, gas, electrocution or the escape of radioactive substances while accompanying a member or members of the Police Department during the performance of their official duties
2. That the County of Albemarle, Colonel Sean Reeves, Chief of Police for the County of Albemarle, his sureties, all members of the Police Department of Albemarle County, their sureties, and each of them, shall not be responsible or liable for any injury, damage, loss or expense, either to me or to my property, incurred while riding in any vehicle assigned to the County Police Department or while accompanying any member or members of said department during the performance of their official duties and resulting from any negligent act or omission on the part of any member of the Albemarle County Police Department.
3. For myself, my heirs, executors, administrators and assigns, to release, indemnify, protect, defend and hold the County of Albemarle, the County of Albemarle Police Department, and all officers, employees, supervisors and others employed by said County or Department, harmless from all liability, obligations losses, claims, demands, damages, actions, suits, proceedings, costs and expenses, including attorney's fees, of any kind of nature whatsoever, whether suffered, made, instituted or asserted by me, my heirs, executors, administrators and assigns, or by any other entity, party or person for any personal injury to or death of any person or persons and for any loss, damage or destruction of any property, whether owned by County or not, arising out of, connected with, or resulting directly or indirectly from my participation in the ride-along program and which arises by reason of any actual or claims negligent or wrongful act or omission of mine that occurs while riding in any vehicle assigned to the Albemarle County Police Department or in otherwise participating in the ride-along program. The foregoing agreement to indemnify shall continue in full force and effect notwithstanding the conclusion of my participation in the ride-along program.

**I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.**

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME OF PARENT/GUARDIAN:** \_\_\_\_\_ **(For Minor)**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**PRINTED NAME OF ACPD WITNESS:** \_\_\_\_\_

**ACPD WITNESS SIGNATURE:** \_\_\_\_\_