

Richmond Police Department
Richmond, Virginia

Date: _____

RIDE-ALONG APPLICATION

Please provide the requested information and return to: Headquarters at 200 W. Grace Street, Richmond, Virginia 23220 or any Precinct.

First Precinct 2501 Q Street Richmond Virginia 23223	Second Precinct 177 E Belt Blvd Richmond Virginia 23224	Third Precinct 301 South Meadow St Richmond Virginia 23220	Fourth Precinct 2219 Chamberlayne Ave Richmond Virginia 23222
<input type="checkbox"/> Community, Youth & Intervention Unit Citizen Participants	<input type="checkbox"/> Personnel & Recruitment Unit Applicants for RPD	<input type="checkbox"/> Public Affairs Unit Media Personnel	

Full Name: _____ Sex: _____ Race: _____
 First Middle Last

Home Address: _____
 Street City State Zip

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Home Phone Number: _____ Business Phone: _____

If you'd like to be contacted via email, please provide email address: _____

Please provide a phone number where you can be reached between 8:30 A.M. and 5:00 P.M. to verify the approval to ride: _____

Have you ridden with the RPD in the last 12 months? Yes No

If yes, when: _____

Do you have any physical impairment? Yes No

If yes, please explain: _____

Are you pregnant? Yes No

Have you ever been convicted of a Misdemeanor or Felony? Yes No

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 by 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 businesslike attire or neat 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, his/her duties and how he/she interacts with the community. The Department reserves the right to refuse participation in the program.

Conviction of **any** felony or of 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.

PD-9

FOR OFFICE USE ONLY:

Date received and sent for record check: _____

Criminal records check completed by: _____

Date approved/disapproved: _____ Approved Disapproved

Date contacted: _____

Date assigned: _____

Relief assigned: _____

Date sent to Precinct: _____

TO BE FILLED OUT BY THE SUPERVISOR AND RETURNED TO THE FORWARDING UNIT INDICATED ON THE FRONT OF THE APPLICATION WHEN THE RIDE-ALONG APPLICANT HAS COMPLETED THE TOUR:

Assigned to ride with: _____ Code #: _____ Unit: _____

By: _____
Supervisor

Time: _____ Date: _____

Total duration of Ride-Along: _____

Supervisors: Please return the completed Ride-Along Form and Waiver of Liability Form to the Community, Youth and Intervention Unit when the Ride-Along has completed the tour.

LIABILITY EXEMPTION

RICHMOND POLICE DEPARTMENT
RICHMOND, VIRGINIA

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:
