

WINCHESTER POLICE DEPARTMENT RIDE-ALONG PROGRAM

Ride Along Policy and Rules

The goal of the Winchester Police Department Ride Along Program ("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 Application and Assumption of the Risk Agreement 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 Program is 18.
- ✓ 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 (i.e.: military, other police agencies, etc.) unless prior approval is obtained. All participants will be expected to be properly dressed and in keeping with the standards of the police organization. T-shirts, sweatshirts, ripped jeans, and/or shorts of any kind are not acceptable. If an observer arrives at the department for their Ride-Along and is not properly attired, they will be asked to reschedule the Ride-Along for another day.
- ✓ Use of the following devices; Tape recorders, phones and cameras etc., will **not** be allowed for the purposes of recording, videotaping, live streaming etc. unless previously approved by the Police Department.
- ✓ We request that you do not reveal what you see or hear during your tour which could be detrimental to the prosecution of any case arising from the Officer's performance of his/her duties. 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 with the Officer(s) to whom you are assigned, the Commonwealth Attorney, and the given circumstances.
- ✓ It is desirable to ask questions regarding procedures and activities; however, it must be done at an appropriate time as time permits. As an observer only, you shall not interfere with the Officer's activities or duties. You shall not participate in any police activity, unless specifically directed by the Officer. You shall not leave the patrol car any time without first obtaining permission from the Officer.

- ✓ You shall not converse with prisoners, suspects or witnesses, or other parties contacted on police business.
- ✓ Upon signing the application, you will be automatically checked through the computer system ensuring that no outstanding warrants exist. A records check will also be conducted.
- ✓ All Ride-Along observers will be required to wear a department-issued observer identification name tag at all times during the tour.

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 ensure your safety; however, you accept all of the risks associated with accompanying an Officer. The Officer's first responsibility is to carry out his/her assigned duties. If some emergency should arise, you must without question, comply with any orders or directions given you by the Officer. The attached required Application and Assumption of the Risk Agreement provide notice of the risks, rights, and liabilities related to participation in the Program. Observers assume any and all risks associated with the Program, including, without limitation, the Officer's performance of official duties, as a condition of accompanying any members of the Winchester Police Department in the Ride Along.

Failure to follow these rules and/or the instructions of the Officer will result in the immediate termination of the tour.

Thank you for your interest in the Winchester Police Department!
(Please retain this Policy 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:			Email:			
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?											
Please check the shift(s) and list possible dates that you want to ride. The date(s) you are given will be at the discretion of the Patrol Captain.											
<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:				
For Department Use Only											
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:						
To be Filled Out by the On-duty Supervisor at the Time of Ride Along											
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
ASSUMPTION OF THE RISK,
INDEMNIFICATION, AND RELEASE
OF CLAIMS AGREEMENT**

I, _____, not being a member of the City of Winchester, Virginia Police Department, have made a voluntary request to ride as a guest observer in a vehicle assigned to the Winchester Police Department ("WPD") and to accompany members of the WPD during the performance of their official duties ("Ride Along").

For good and valuable consideration, the sufficiency and receipt of which is hereby acknowledged, I do hereby, for myself, my spouse, heirs, executor, or administrator, and personal representatives, agree to the following terms and conditions.

1. I have fully read and understand the Application and this Agreement. I agree to all of the rules and requirements in the Application and this Agreement.

2. Assumption of the Risk

I am aware that the work of the WPD is inherently dangerous, that the WPD is not the insurer of my safety, and that I may be subjected to the risk of death, personal injury, or damage to my property by accompanying members of the WPD during the performance of their official duties. I understand, accept, and assume all of the risks associated with the Ride Along, including but not limited to: death, personal injury, or property damage arising from or in any way connected with armed law violators and suspects, or friends or family members of law violators or suspects, by the use of weapons, unlawful acts, forcible resistance, running, fighting, throwing objects, riot, breach of peace, fire, explosives, gas, electrocution, garbage, debris, human waste, bodily fluids, or the escape of hazardous substances, including, without limitation, being shot, stabbed, assaulted, hit, punched, kicked, scratched, spit on, burned, cut, slipping and falling, or sustaining an injury in any other way from these risks while accompanying members of the WPD during the performance of their official duties. I understand, accept, and assume all of the risks inherent in riding in a police vehicle, including, without limitation, high speed chases, pursuits, and bodily injury from a crash. I freely, voluntarily, and with the knowledge of the contents of the Application and this Agreement assume all risks associated with the Ride Along Program, including but not limited to death, personal injury, or property damage arising from or connected with participation in the Ride Along Program, either with or without the supervision of a member or members of the WPD. For myself, my heirs, personal representatives, executors, administrators and assigns, I acknowledge, assume, and accept these inherent risks and assume and accept the risk of my decision to participate in the Ride Along Program.

3. Release

For myself, my heirs, personal representatives, executors, administrators and assigns, I hereby release and covenant not to sue the City of Winchester, its public officials, representatives, officers, employees, agents, and their sureties, including without limitation all members of the WPD personally and their sureties, and release each of them from and waive any and all liability, claims, demands, or actions or causes of action whatsoever, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of any damage, loss, or injury to me or my property incurred during my participation in the Ride Along Program, or while riding in any vehicle assigned to the WPD, or while accompanying members of the

WPD during the performance of their official duties, or while on the premises of the City or WPD, regardless of the cause.

4. Indemnification

For myself, my heirs, personal representatives, executors, administrators and assigns, I agree to defend, indemnify, and hold harmless the City of Winchester, its public officials, representatives, employees, agents, and sureties, including without limitation any and all members of the WPD personally and their sureties, and each of them, against any and all manner of actions, causes of action, suits, debtors, claims, demands, damages, liability, costs, or expenses of every kind and nature incurred or arising out of any act or conduct, including, without limitation, actual or claimed negligent or wrongful acts or omissions, by me or by the City, including, without limitation, any employee or member of the WPD, while riding in any vehicle assigned to the WPD, or while accompanying any member of WPD during the performance of their official duties, or while on or at any or all of the premises of the City and the WPD and places during the Ride Along Program.

5. Voluntary

I agree to participate in the Ride Along Program freely and voluntarily. The WPD has not induced me to participate in the Ride Along Program, and I am not relying on any representations of any member of the WPD as to my safety, supervision, or support during the Ride Along.

6. Attorney's Fees

For myself, my heirs, personal representatives, executors, administrators and assigns, I agree to defend and to pay any and all attorney's fees as a result of any action brought by or against the City of Winchester, its police officers, employees, or agents, for any acts or conduct on my part of whatever kind or nature whatsoever, while in, on, or about any WPD vehicles, or at any or all of the premises or places during the Ride Along, or while accompanying any member of WPD during the Ride Along.

7. This Agreement shall be valid and cover all participation in the Ride Along Program for one (1) year from the date below. Any participation after the one-year expiration date shall require the execution of another Agreement.

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

CAUTION: READ THIS DOCUMENT IN FULL BEFORE SIGNING

Date: _____ Signature: _____

Address: _____ Phone #: _____

Dear Observer;

The Winchester 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.