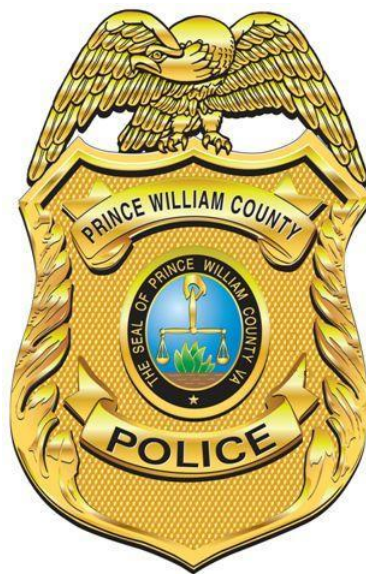


# PRINCE WILLIAM COUNTY POLICE DEPARTMENT



RIDE-ALONG PROGRAM APPLICATION



**Prince William County Police Department  
Ride-Along Program**



Applicant Instructions

All applicants must meet the following requirements and agree to carry out the following responsibilities:

1. Participants must be a County citizen, representative of a civic group, applicant for the position of a Prince William County Police Officer, or other person as authorized by the District Commander or designate.
2. Participants must be at least eighteen (18) years of age.
3. Participants are permitted one (1) ride-along per year unless they are an applicant with the Prince William County Police Department, member of a Watch Program, or spouse/significant other of a Department member. The District Commander or designate may authorize additional rides.
4. Participants are required to wear casual business attire. No jeans, shorts, skirts, dresses, crew neck shirts, sandals, or sneakers are permitted.
5. No weapons, restraining devices, flashlights, binoculars, or radios are permitted.
6. No cameras, audio/video recorders, or cell phones are permitted to record at any time, unless prior approval has been granted by the Chief of Police.
7. Participants are to follow all instructions of the officer during the course of the ride-along. No interference with the performance of the officer is permitted unless specifically requested.
8. Participants are not to leave the patrol car while on the scene of police activity without permission of the officer.
9. The duration of the ride-along is left to the discretion of the on-duty supervisor. The supervisor may terminate the ride-along at any time if he/she believes the participants continued participation would present an undue risk or your conduct, demeanor, or level of sobriety is called into question.
10. Participants are to report to the District Station, with a valid operator's license or picture I.D., fifteen (15) minutes prior to the scheduled start of their scheduled ride-along.
11. Participants agree to wear a mask for the duration of the ride-along if not fully vaccinated against Covid-19.

I have read, understand, and will comply with all of the aforementioned instructions.

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Printed Name

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Date



**Prince William County Police Department  
Ride-Along Program**



APPLICATION

This is a voluntary program conducted in the interest of public enlightenment and transparency. The Prince William County Police Department reserves the right to limit or exclude any person from participation in this program when it is deemed that the person's participation would not be in the best interest of the Department, any of its members, or the public, or when it might be reasonably construed that a conflict of interest may exist between the applicant and the Police Department or its mission. Misleading or false statements made on this application shall be grounds for refusal of any ride-along application.

The following information is requested to participate in the program:

Name: \_\_\_\_\_  
                     First  Middle  Last  Prefix

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_  
                     Street  City  State                    Zip Code

Phone #s: Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact/Phone #: \_\_\_\_\_

District Desired:

- Eastern District Station - 15948 Donald Curtis Drive, Woodbridge, Virginia 22191
- Western District Station - 8900 Freedom Center Boulevard, Manassas, Virginia 20110
- Central District Station – 5036 Davis Ford Road, Woodbridge, Virginia 22192

Date Desired: \_\_\_\_\_

Alternate Date: \_\_\_\_\_

Shift Desired: Days 7am – 5pm  Eves 4p-2a  Mids 9p-7a

Are you currently an applicant of the Prince William County Police Department?

Yes  No



**Prince William County Police Department  
Ride-Along Program**



Have you previously participated in a ride-along with a member of the Prince William County Police Department? Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been refused participation in a ride-along with a member of the Prince William County Police Department? Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any medical, mental, or physical condition that might affect your ability to participate in the program? Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested? Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a Class 1 Misdemeanor or Felony? Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been stopped in a car or questioned by the Prince William County Police? Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the Prince William County Police Department ever responded to your home? Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Describe your reason(s) for wanting to participate in a ride-along:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Prince William County Police Department  
Ride-Along Program**



ADULT RELEASE

WHEREAS, I, \_\_\_\_\_, have requested that the Prince William County Police Department (hereinafter the "Police Department"), for my own personal benefit, grant me permission to participate in the Prince William County Police Ride-Along Program by riding in a police cruiser and by otherwise observing and accompanying police officers during a tour of duty, and the said Police Department has indicated that it is willing to grant my request providing that I execute in writing this instrument releasing the said Police Department and the Government of Prince William County, and its or their officers, agents, or employees from and against any and all suits or claims for losses, damages, expenses, personal injuries, or death which might be suffered or sustained by me directly or indirectly as a result of participation n the Ride-Along Program.

NOW, THEREFORE, BE IT KNOWN THAT I, the undersigned, am over 18 years of age and for and in consideration of the permission granted by the Police Department to me to observe police during a tour of duty, and to ride in a police motor vehicle and otherwise accompany police officers for said purpose do hereby, while in a police vehicle, in any building, or on any property or premises owned or operated by the Police Department or the County of Prince William, or while otherwise participating in the Ride-Along Program, and do discharge the said Police employees from and against any and all claims, under or through me have, or can or might have, as a result of any loses, damages, expenses, personal injuries or death which I or any persons whosoever claiming under or through me, may suffer or sustain while exercising said permission, in any motor vehicle, in any building, or on any property or premises owned or operated by the Police Department or County of Prince William, or while otherwise participating in the Ride-Along Program, whether said losses, damages, personal injuries or death result from the negligence of the said Police Department or the County of Prince William, its officers, agents, or employees, or are otherwise caused.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

COMMONWEALTH OF VIRGINIA:  
COUNTY OF PRINCE WILLIAM:

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_.

\_\_\_\_\_  
 Magistrate       Notary Public If Notary:

My term of office expires on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_



**Prince William County Police Department  
Ride-Along Program**



APPLICATION REVIEW

FOR DEPARTMENT USE ONLY

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Local Record Status:            Negative  Positive             Initials: \_\_\_\_\_

CCH Check:                        Negative  Positive             Initials: \_\_\_\_\_

Checks revealed the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Application denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**TO BE FILLED OUT BY ROAD SUPERVISOR AT THE TIME OF THE RIDE ALONG**

Assigned to: \_\_\_\_\_ (Officer Name)

Date Citizen Rode: \_\_\_\_\_ Shift: \_\_\_\_\_

Road Supervisor's Signature: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_