

RIDE-ALONG APPLICATION

CITY OF FAIRFAX POLICE DEPARTMENT
3730 BLENHEIM BOULEVARD
FAIRFAX, VA 22030
703-385-7924



The ride-along program provides members of the public the opportunity to observe and experience, first-hand, various functions of the police department. "Ride-along" includes riding as a passenger with an officer on patrol or observing the workday of members engaged in other functions within the Department, such as the Emergency Communications Center.

Eligibility

To participate, you must be at least 18 years old **AND** have not participated in a ride-along for at least six months **AND** meet at least one of the following criteria:

- City of Fairfax resident
- Current or prospective employee/member of the City of Fairfax government
- Owner of a businesses located within the City of Fairfax
- Family member of a City of Fairfax Police Department employee

Application Instructions

Send the completed application to policechief@fairfaxva.gov **at least 14 calendar days** prior to your requested ride-along date. An entry in all fields is required. Write "n/a" if a field does not apply to you.

Applicant Information					
Last Name		First Name		Middle Name	
Home Address — Street			Home Address — City		Home Address — State
Phone Number	Email Address		Date of Birth	Driver's (D/L) License #	D/L State
Desired Date of Ride-Along	Desired Time (Duration is Usually Four Hours)		Name of Officer You Would Like to Ride With		
	Start:	End:			
Emergency Contact Name		Emergency Contact Relationship		Emergency Contact Phone	

Eligibility Requirements			
Which best describes you? (Check all that apply)			
<input type="checkbox"/> City of Fairfax Resident	<input type="checkbox"/> City of Fairfax Business Owner	<input type="checkbox"/> Police Department Family Member	
<input type="checkbox"/> Current or prospective City employee or member (specify):			
Why do you want to ride along?			
Have you previously ridden with this department?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify date:	
Have you previously been refused participation in this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify date:	
Are you currently involved in any traffic or criminal legal process as a defendant, plaintiff, or witness?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:			

Ride-Along Rules

1. Complete Criminal Justice Information Systems (CJIS) training before your ride-along by using the link that will be emailed to you. Bring your completion certificate with you to your ride-along.
2. Report to the City of Fairfax Police Department at least 15 minutes early on the date of your ride-along. Bring your driver's license or other photo identification with you.
3. Wear a collared shirt, blouse or jacket, slacks, and shoes. Wear appropriate outerwear based on the weather. Sandals, t-shirts, tank tops, shorts, and ripped or torn pants are not permitted. Hats and ball caps will not be worn without the express consent of the supervisor overseeing the ride-along.
4. Do NOT bring prohibited items, including weapons of any kind (including legally-concealed weapons and pocket knives), restraint devices, portable video/audio recorders, transmitters, or two-way communication devices. Cell phones are permitted.
5. Do NOT audio or video record, broadcast, or livestream. Photographs are allowed when permitted by the department member.
6. Do NOT intentionally involve yourself in any investigation, including handling evidence, conversing with victims or suspects, or reading an individual's criminal history or other protected information. You will be allowed to continue the ride-along during an arrestee's transportation and booking process, provided it does not jeopardize your safety.
7. Do NOT handle any police equipment unless expressly authorized by the department member.
8. Do NOT interfere with the performance of the member's duties. Immediately follow all directions.

Notwithstanding these rules, a supervisor may terminate your ride-along at any time. Your ride-along may only be extended past its designated time with supervisory approval.

I, the undersigned, affirm that the information provided in this application is true and correct to the best of your knowledge. I have read, understand, and am willing to comply with these rules.

Signatures		
Applicant Signature	Printed Name	Date

OFFICIAL USE ONLY—DO NOT WRITE BELOW THIS LINE

Application Status						
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	If <i>denied</i> , explain:				
Approving Supervisor	Ride-Along Supervisor	Scheduled Date & Time (Default: Four Hours)				
		Date:		Start:		End:

Verification of Program Participation			
Completion Status			
<input type="checkbox"/> Completed <input type="checkbox"/> No-Show <input type="checkbox"/> Canceled			
If Ride-Along was <i>Completed</i>	Start Time	End Time	Assigned Officer
If Ride-Along was <i>Canceled</i>	Reason for Cancellation		

Waiver of Civil Liability and Indemnification Agreement

In consideration of the City of Fairfax Police Department of Fairfax, Virginia (“the Department”) granting me permission to accompany a member of the Department as an observer in the Ride-Along Program (“the Program”), I hereby waive any and all rights and claims of liability for damages, losses, personal injuries or death which I might suffer, sustain or cause while participating in the Program. I further waive any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which I have or may hereafter acquire against the City of Fairfax, its Department, its elected officials, officers, agents or employees, as a result of my voluntary participation in the Program; and I hereby hold harmless such persons and entities. In the event that a demand or claim, whether groundless or otherwise, is made against the entities and/or persons set forth herein, I agree to indemnify those persons and/or entities for all damages, attorney fees and costs incurred in defending said demand or claim. I further agree to comply with all rules and regulations of the Program and any instructions or orders issued by members of the Department in connection with the Program. I certify that I am aware of the potential risk involved in accompanying a police officer during the performance of his or her duties.

**** STOP! DO NOT SIGN THIS WAIVER NOW ****

You will sign this waiver in the presence of a police officer when you report for your ride-along. Please bring your driver’s license or other form of photo identification and your CJIS training certificate with you.

I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signatures		
Applicant Signature	Printed Name	Date
Signature of Verifying Officer	Printed Name	EIN