



# LPD Ride-Along Application



Complete this application and return to the Lynchburg Police Department **10** business days prior to your requested ride-along date. Prior to participation, the assumption of risk agreement must be signed in front of a Lynchburg Police Department representative. Any false information or omission may result in disqualification for a ride-along. The Lynchburg Police Department reserves the right to deny a ride-along for any reason, without prior notice.

<b>Full Name:</b>		<b>Date of Birth:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Driver's License Number:</b>		<b>Driver's License State:</b>
<b>Email Address:</b>		<b>Phone:</b>

**Please answer the following by writing yes or no in the box.**

Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such a partner?	Have you ever been charged or convicted of a traffic, or criminal offense? If yes, please list the offense, date, and location.
Are you under indictment or do you have charges pending in any court for any crime?	
Have you ever had or do you currently possess a concealed weapon permit in any state?	Are you currently taking any medication that could impair your judgment in a stressful situation?
Have you ever participated in this program? If yes, when did you last participate?	Do you have any medical condition that could impair your ability to move quickly or react in a potentially dangerous situation?

**Why do you want to participate in the Lynchburg Police Department's Ride-Along Program?**

Circle <b>ONLY ONE</b> shift:  1:00 PM – 5:00 PM  8:00 PM – 12:00 AM  <b>Requested Ride Along Date:</b> (Must be 10 days from date Application is submitted.)	<p>I understand that I will be occupying the role of a silent observer. I realize that I may be called upon as a witness in a court case that might arise from the officer's performance, or be called upon for assistance by the officer to whom I am assigned.</p> <p>I give permission to the LPD to do a criminal background check prior to my participation.</p> <p>I understand the use of cell phones or devices to record any aspect of a ride-along or possession of weapons on a ride-along is prohibited.</p> <p style="text-align: center;"><b><i>THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.</i></b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">SIGNATURE OF APPLICANT</p>
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**FOR POLICE DEPARTMENT USE ONLY:**

Community Relations Unit:		Unit / Watch Commander:	
<b>Approved for date:</b>	<b>Times:</b>	<b>Unit / Watch:</b>	<b>Rode with Officer: Name and Badge</b>
<b>Criminal Background Check:</b> <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Disqualified</b>			<b>Refused/ Terminated/ Failed to Appear:</b>
<b>Date of Approval:</b>	<b>Approved by:</b>		<b>Officer Comments:</b>
<b>Part of required school assignment:</b>			<b>Applicant currently in hiring process:</b> <input type="checkbox"/>
<b>Applicant has been contacted by CPU:</b>			<b>Applicant is friend/family member of LPD Officer:</b> <input type="checkbox"/>

# Ride-Along Participant Agreement

## ASSUMPTION OF RISK, INDEMNITY AGREEMENT, COVENANT NOT TO SUE, and CONSENT TO REVIEW CRIMINAL HISTORY

I, \_\_\_\_\_, have requested that the Lynchburg Police Department allow me to come onto the Police Department facilities, and to ride with Police Department personnel as part of the Lynchburg Police Department's Ride-Along Program. I am fully aware of the inherent risks associated with my participation in the Ride-Along Program, which include but are not limited to bodily injury, physical and emotional disability, death, and property damage resulting from the risks of motor vehicle accidents and accompanying Police Department personnel into areas where criminal activity may occur. Understanding these risks, it is still my decision to participate in the Ride-Along Program. In consideration of the Police Department allowing me to participate, I assume full responsibility for such risks. I agree that neither I nor my legal representatives, heirs, and assigns, will hold the City of Lynchburg, its officials, or agents, responsible for any injuries, disabilities, physical and mental diseases, death, property damage, or losses and expenses of any nature whatsoever that I may sustain as a result of my participation in the Ride-Along Program, whether caused by the negligence of the City, its officers, employees and agents, or otherwise.

I, \_\_\_\_\_, further agree to indemnify, hold harmless, and to assume the defense of the City, its' officers, employees and agents, from all claims and expenses of any nature whatsoever, including the cost of defending such claims may accrue against, be charged to, or recovered from or sought to be recovered from the City, its officials, employees and agents, as a result of my participation in the Ride-Along Program.

I, \_\_\_\_\_, understand that this agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I, \_\_\_\_\_, further understand that permission to participate in the Ride-Along program is granted subject to the rules and regulations of the Lynchburg Police Department, and such permission may be restricted to specific periods of time or revoked entirely by the Police Department in its sole discretion.

I, \_\_\_\_\_, understand that the use of cell phones or any other digital, visual or audio recording device is prohibited during the entirety of the ride along. A violation will result in immediate termination of the ride along and could result in the confiscation of the device as evidence.

I, \_\_\_\_\_, consent to the Lynchburg Police Department, its employees, and/or its authorized agents to seek, 'run', retrieve, and review my background, driving, and/or criminal history records prior to my participation in the ride along. I understand I may be required to complete further consent forms and records as it relates to this clause. Such records shall be disposed of in accordance with State/Federal law.

WITNESS my signature this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Lynchburg Police Department Witness