

**LEESBURG POLICE DEPARTMENT  
LEESBURG, VIRGINIA**

**RIDE-ALONG PROGRAM  
CITIZEN POLICY AND APPLICATION**

In keeping with its commitment to community policing, the Leesburg Police Department offers citizens the opportunity to observe police officers at work through the Ride-Along Program. The Ride-Along Program is open to all persons eighteen years of age or older. Persons wishing to participate in the Ride-Along Program must read, complete and sign this form, before permission is given to become a rider. The Leesburg Police Department reserves the right to decline any application to the Ride-Along Program at any time, for any reason.

**RIDE-ALONG PROGRAM REGULATIONS:**

1. All applicants shall read and sign this "Ride-Along Program Citizen Policy and Application". Prior to the ride-along, and in the presence of a Leesburg Police Department employee, the applicant will read and sign the "Waiver and Release of Claim" and the "Ride-Along Orientation Check-Off Sheet".
2. Civilian riders are observers only, and will not, under any circumstances, participate in any law enforcement process. Riders may ask the officer questions about police process after the situation is over, and they have left the scene.
3. As a civilian rider, you must follow all directions given to you by the host officer.
4. Civilian riders will not, under any circumstances, possess weapons of any type while participating in the Ride-Along Program, including, but not limited to, guns, knives, chemical agents, or batons.
5. All participating law enforcement officers will be dressed in civilian business attire, unarmed and must comply with all rules and regulations as mandated by a supervisor or the officer responsible for the participant.
6. All participants are required to dress in business/casual attire. Improper attire and careless personal hygiene is unacceptable and will be cause for the Ride-Along to be cancelled.
7. Civilian riders are responsible for their own meal expenses.
8. If a situation develops in which the host officer believes that the rider will be placed at an unacceptable risk of harm, the officer may at his/her own discretion drop off the rider. Where practical, the rider will be dropped off at a suitable and safe location, and may be picked up again by the host officer as soon as possible. The host officer will inform the communications center of the location of the dropped off rider. If a rider is dropped off, the rider may call 911 for further instructions on getting picked up again. It is recommended that the participant bring a cell phone during his or her ride along.
9. If a rider fails to adhere to the conditions of the Ride-Along Program, or if the host officer thinks that the rider's presence or actions are impeding the performance of the assigned duties, the host officer has the duty and authority to terminate the ride along, and return the guest rider to the Leesburg Police Department.
10. Civilian riders may not participate in the Ride-Along Program more than once per year, unless the Chief of Police or his designee overrules. The Chief of Police or his designee has the authority to overrule this provision where deemed appropriate for persons engaged in certain journalism or research projects. The limit on ride-alongs shall also not apply to civilian employees of the Police Department, employees of associated dispatch operations, and persons under active consideration for employment by the Leesburg Police Department as full-time police officers or civilian employees of the police department.
11. The Ride-Along Program shall be conducted at times that are convenient to the operations of the Leesburg Police Department.
12. The program may be terminated at any time during participation by the Police Officer conducting the program or any supervisor.
13. Participants shall report to the Leesburg Police Department on the date of the ride-along, fifteen (15) minutes prior to the scheduled start of the program.
14. Tape recorders, cameras and video equipment shall not be operated while participating in the program. This includes those applications available on smart phones, with the exception of accredited media representatives who have made prior arrangements through the Chief of Police or his designee.

- 15. Civilian riders are not permitted to participate if they appear to be under the influence of drugs and/or alcohol.
- 16. Participants are required to conduct themselves in a mature, professional manner at all times.
- 17. Participants should be in good health with no need for physical assistance.
- 18. Participants who are asked to identify themselves during the ride-along should explain that they are a citizen observer.

The undersigned attests that he/she has read completely and understands this Leesburg Police Department Ride-Along Program Citizen Policy and Application, and agrees to abide fully by all the regulations described herein. The undersigned also understands that pursuant to qualifying the applicant for the Ride-Along Program, a standard background check will be done, and that any negative information discovered, shall be deemed grounds for disqualification of the applicant from participation in the Ride-Along Program. The participant understands that the Leesburg Police Department reserves the right to decline any application at any time for any reason.

Please return this completed form to the LEESBURG POLICE DEPARTMENT, 65 Plaza Street, NE, Leesburg, VA 20176. Telephone - 703-771-4500. You will be notified of approval or disapproval following an interview with a police official, or by mail if the applicant fails to meet application criteria.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Print Full Name of Rider: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex: \_\_\_\_\_

Signature of Rider: \_\_\_\_\_ D/L# or State I/D#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Describe your reasons for participation: \_\_\_\_\_

Do you have any medical condition that might affect your ability to participate in this program? Yes No

If "Yes", explain \_\_\_\_\_

Have you ever been arrested? Yes No If "Yes", explain \_\_\_\_\_

*(POLICE DEPARTMENT USE ONLY)*

RECORDS/WARRANT CHECK: CCH/Wants \_\_\_\_\_ Valid OL Yes/No State \_\_\_\_\_ LiNX \_\_\_\_\_  
LERMS \_\_\_\_\_

COMMENTS: \_\_\_\_\_

CHECK PERFORMED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
(Field Operations Division Commander)

DATE/SHIFT ASSIGNED: \_\_\_\_\_

OFFICER ASSIGNED: \_\_\_\_\_