



Vinton Police Department Citizen Ride Along Application

The Citizen Observer Program is designed to allow citizens a chance to gain a realistic view of Law Enforcement operations within the Town of Vinton. This form is used to request a ride along with a Patrol Officer. The following information is required to begin the application process, which is limited to twice a year. Once this form is submitted, then a department official will contact you about your request.

Applicant Contact Information

Full Name: _____
First _____ Middle _____ Last _____

Driver's License # or SSN: _____

Address: _____
Street Address _____ Apt/Unit _____

_____ City _____ State _____ Zip Code _____

Phone Number: _____

Email Address: _____

Occupation: _____

If a student, what is the name of the school you are attending? _____

If a student, are you participating in a student intern program? _____

Emergency Contact Information

Full Name: _____
First _____ Middle _____ Last _____

Address: _____
Street Address _____ Apt/Unit _____

_____ City _____ State _____ Zip Code _____

Phone Number: _____

Have you been convicted of a felony or misdemeanor? If yes, explain below. Yes No

Do you suffer from any medical condition that might affect your participation during the ride along? If so, please explain below.

Please list at least 3 upcoming dates and times that you would like to conduct your ride along.

Are you currently an applicant for the position of Police Officer with the Town of Vinton Police Department? Yes No

Applicant Instructions

Do you understand you must be 18 years of age or older at the time of your ride along? Yes No

Do you understand that participation in this program is limited to twice a year, unless you are an applicant with the police department? Yes No

Do you understand that while participating in a ride along you must dress and act in a professional manner at all times? Yes No

Do you understand that you must follow all instructions given by the Police Officer and interference with the performance of their duties will not be tolerated? Yes No

Do you understand that your ride along will be conducted at times that are convenient to the operation of the Police Department and that your program participation can be terminated at any time? Yes No

Do you understand that you may not be armed with a weapon during your ride along, unless you are already a Certified Police Officer with another department in the State of Virginia? Yes No

Do you understand that if you are asked by a citizen to identify yourself, then you will explain that you are a citizen observer? Yes No

Applicant Disclosure

I, hereby authorize the Vinton Police Department to perform an independent background investigation pertaining to criminal history and motor vehicle transcript information. I understand that this inquiry is for the purpose of confirming the information contained within this application, along with ensuring the suitability and qualifications to participate in the Citizen Observer Program. I also understand that criminal history and motor vehicle information will be reviewed on a case-by-case basis and that certain convictions for criminal and/or traffic offenses could potentially cause the application to be denied and eliminate the applicant from any further participation in this program.

I agree to these terms.

I certify that I understand the requirements and responsibilities of participants in this program, and that I am aware of the potential risk involved with accompanying an officer during the performance of their duties. In consideration of the Vinton Police Department granting permission to enter in or upon any premises or vehicles which are under its actual care of constructive or passive control, I hereby waive all claims to damage or loss to my person or property which may be caused by an act, or failure to act, of the Vinton Police Department, its officers, agents, and/or employees. I assume the risk of all dangerous conditions in, upon or about the premises or vehicles and waive any and all notice of existence of such conditions.

I agree to these terms.

To affirm your agreement with these terms and conditions, please sign your full name.

Signature

Date