



CITY OF WILLIAMSBURG
Police Department

Williamsburg Police Department Ride-Along Program Application

Please read over this entire application very carefully, print clearly and complete all sections. Applications can be obtained from and returned to the Williamsburg Police Department, Attention: Community Engagement Unit, 425 Armistead Avenue, Williamsburg VA 23185

Date: _____

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____ City: _____ State: _____ Zip _____

Phone: (H) _____ (W) _____ email: _____

Preferred contact method: _____

Race: _____ Sex: _____ Date of Birth: / / Social Security Number: - -

Do you know any Williamsburg Police Officers? Yes _____ No _____ Who: _____

Have you been on a ride along with Williamsburg Police? Yes _____ No _____ Date: _____

Are you interested in a career in law enforcement? Yes _____ No _____

Circle the shift with which you prefer to ride: Day Shift (7:45am-8:00pm) or Night Shift (7:45pm-8:00am)

Do you have any physical conditions or limitations the department should be aware of (including pregnancy)?

Yes _____ No _____ If yes please explain: _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____ If yes please explain: _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes please explain: _____

Please explain your interest in the Ride-Along Program: _____

Person To Notify In Case Of Emergency: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: (H) _____ (W) _____

Applicant's signature: _____

For Department Use Only

NCIC Status: Negative _____ Positive _____ History on File Check performed date _____ by: _____

Application: Approved _____ Denied _____ Initials: _____ Date: _____

Comments: _____

Chief of Police (or designee) approval - Sign/print name: _____ Date: _____

Assigned to LT/SGT: _____ **Date:** _____

To be completed by the Assigned Supervisor

Ride-Along scheduled/confirmed for: (date/shift) _____

Confirmation date/method: _____

Citizen Assigned to Ride with Officer: _____

Date of Ride-Along: _____ Time In: _____ Time Out: _____

Comments: _____

On-Duty Supervisor's Signature/printed name: _____