

# Hanover County Sheriff's Office

## Application for Ride-Along



Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last First Middle)

Social Security Number: \_\_\_\_\_ Sex: Male Female

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Do you drink intoxicating beverages? \_\_\_\_\_ If yes, describe the types, how often and to what degree: \_\_\_\_\_

Do you speak any foreign language? \_\_\_\_\_ If yes, what language(s)? \_\_\_\_\_

Have you ever experimented with any narcotics other than those prescribed by a doctor? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Immediate relative, in case of an emergency:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last First Middle)

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List detailed information concerning all prior **charges or convictions** on the back of this page.  
(including traffic offenses) **Failure to list all requested information will void your application.**

\_\_\_\_\_ No Charges or Offenses

\_\_\_\_\_ See Attached

**OFFICE USE ONLY:**

Intelligence Package Run By: \_\_\_\_\_ Suggest for: Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Approved/Disapproved by: \_\_\_\_\_ Date: \_\_\_\_\_ Status: \_\_\_\_\_

1<sup>st</sup> Date of Ride-Along: \_\_\_\_\_ Name of Deputy applicant rode with: \_\_\_\_\_

2<sup>nd</sup> Date of Ride-Along: \_\_\_\_\_ Name of Deputy applicant rode with: \_\_\_\_\_

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- Reasons for requesting to participate?
  
  
  
  
  
  
  
  
  
  
- How did you learn of the program?
  
  
  
  
  
  
  
  
  
  
- Names of members of the Sheriff's office you know?
  
  
  
  
  
  
  
  
  
  
- Have you participated in the program before? If so, when?

### **Basic Rules for a Ride-Along:**

- The proper attire for all Ride-Alongs will be "Professional." No exceptions. (No jeans, no BDU's, no tennis shoes, no non-collar shirts, etc.)
- No weapons or recording devices are to be brought on a Ride-Along.
- Dress for the weather.

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The information and statements on this application form are complete and true to the best of my knowledge. I understand that any willfully untrue statements or omissions will disqualify me for the Ride-Along Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to, before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize the Hanover County Sheriff's Office to conduct a criminal investigation in order that my suitability be determined for the Ride-Along Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to, before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

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## Waiver of Liability



I am aware that by accompanying members of the Hanover County Sheriff's Office, there is a high probability that I will be exposed to hazardous situations inherent in police work. This includes, but is not limited to: high speed vehicle operation, accidents, arrests, dangerous weapons, assaults, contact with abnormal persons, etc. I have requested to ride with officers of the Hanover County Sheriff's Office with the full knowledge that there is a potential for bodily injury, loss or damage to my person or property.

Acknowledging these foreseeable dangers, I, \_\_\_\_\_, do hereby release the Hanover County Sheriff's Office and its employees or agents from any and all liability for any injuries received while participating in any Hanover County Sheriff's Office function.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Signature of Division Head

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date