



Greene County Sheriff's Office
RIDE-ALONG PROGRAM APPLICATION FORM

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

TELEPHONE: _____ [HM.] _____ [WK.]

BIRTH DATE: _____ SSN#: _____

EMPLOYER/SCHOOL: _____

REASON FOR RIDE ALONG REQUEST: _____

DO YOU HAVE ANY PHYSICAL DISABILITIES FOR WHICH THE SHERIFF'S OFFICE
MAY HAVE TO MAKE ACCOMMODATIONS? _____

IF SO, PLEASE DETAIL THE DISABILITY AND TELL US WHAT ACCOMMODATIONS
YOU REQUIRE:

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN TRAFFIC
VIOLATIONS IN VIRGINIA OR ELSEWHERE? _____ IF YES, EXPLAIN:

HAVE YOU EVER PARTICIPATED IN THIS PROGRAM BEFORE? _____ WHEN?

PLEASE CHOOSE THE 1) **DATE** **AND** 2) **SHIFT** YOU WOULD PREFER TO RIDE:

1) DATE: _____ 2) SHIFT DAY NIGHT

IF MORE THAN ONE DATE IS REQUESTED WHAT ARE THE OTHER DATES OF
REQUEST, AND WHY? _____

IS THERE A PARTICULAR DEPUTY YOU WANT TO RIDE WITH? YES NO
IF SO, WHICH DEPUTY?

ARE YOU A RELATIVE OF ANY GCSO EMPLOYEE? NO YES RELATIONSHIP:



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BY SIGNING BELOW, THE APPLICANT INDICATES HIS/HER UNDERSTANDING THAT RIDING WITH SHERIFF DEPUTY'S DURING A PATROL SHIFT MAY REQUIRE THE APPLICANT TO GIVE SWORN STATEMENTS AND TESTIFY IN COURT ABOUT SITUATIONS WHICH OCCUR IN THE APPLICANT'S PRESENCE. THE APPLICANT AGREES TO COOPERATE WITH THE SHERIFF'S OFFICE, HOWEVER NECESSARY.

BY SIGNING BELOW, THE APPLICANT CONSENTS TO COMPLETION OF BACKGROUND AND CRIMINAL HISTORY CHECKS. (NEGATIVE CRIMINAL HISTORY MAY RESULT IN DENIAL OF PERMISSION TO PARTICIPATE.)

_____ DATE
APPLICANT'S SIGNATURE

APPROPRIATE DRESS IS REQUIRED. NO JEANS, T-SHIRTS OR SHORTS.

APPLICATION MUST BE SUBMITTED AT LEAST 14 DAYS BEFORE THE RIDE-ALONG DATE.

APPLICANT WILL BE NOTIFIED OF APPROVAL OR DISAPPROVAL.

PARTICIPATION LIMITED TO ONE RIDE-ALONG EVERY **SIX** MONTHS.

FOR SHERIFF USE ONLY

FORM OF IDENTIFICATION USED: _____

SHERIFF'S OFFICE EMPLOYEE ACCEPTING THIS APPLICATION:
_____ Initials: _____

APPLICANT'S RECORD CHECK PERFORMED BY: _____
DATE: _____

OPS APPROVAL: YES NO Initials: _____

APPLICANT NOTIFIED OF APPROVAL/DISAPPROVAL BY: _____
DATE: _____