

PD 921  
11/01

**WINTERGREEN POLICE DEPARTMENT**  
**WINTERGREEN, VIRGINIA 22958**

RIDE-ALONG PROGRAM

PARTICIPANT APPLICATION

NAME:

WINTERGREEN ADDRESS:

SSN:

DATE OF BIRTH:    /    /

WTG. PHONE:

1. Reason you are requesting to participate in the ride-along program.


2. Type of background (employment, specialization, etc.).


3. Do you have any personal relationship with any officer in the department?  
Yes    No    if so, who? \_\_\_\_\_

4. Which officer do you prefer to ride with? \_\_\_\_\_

5. Which days or shifts would you be available?


Completed by Department Supervisor:

Interviewed? \_\_\_\_\_ Yes \_\_\_\_\_ No      Approved? \_\_\_\_\_ Yes \_\_\_\_\_ No

Liability Exemption Form signed? \_\_\_\_\_ Yes \_\_\_\_\_ No

General Guidelines explained: \_\_\_\_\_ Yes \_\_\_\_\_ No

Participants Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Officer Assigned \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_