



## FAIRFAX COUNTY POLICE DEPARTMENT POLICE LEADERS OF TOMORROW

### Police Leaders of Tomorrow June 26-30, 2023

**What:** A week-long program for young adults wishing to explore careers in law enforcement and learn about policing. The goal of this program is to increase diversity in the FCPD through engagement with diverse communities and promoting diverse applicants to the police academy.

**Eligibility:** The program is offered free of charge and is open to young adults between the ages of 18 and 24 in the Metro Washington Area.

**Where:** Classes will be held at various locations throughout Fairfax County.

**When:** Classes will be held Monday through Friday from 9:00 a.m. to 3:00 p.m. and are a combination of classroom presentations and activities. Participants are expected to attend all classes as well as participate in a ride along with a sworn police officer.

Class size is limited to 20 students. Participants are expected to provide their own transportation and bring a bagged lunch.

Acceptance into the program is subject to a successful review of applicant's criminal record and police contact history.

**Applications must be submitted by ~~May 24, 2023~~ the extended deadline of June 12, 2023**

#### MAIL THE FORMS TO:

Fairfax County Police Department  
Community Police Academy  
Office of the Chief/Community Engagement and Equity  
12099 Government Center Parkway  
Fairfax, VA 22035

#### OR E-MAIL THE FORMS TO:

[CPA@fairfaxcounty.gov](mailto:CPA@fairfaxcounty.gov)

For more information, please contact:

Ms. Tanja Majca  
Office: (703) 246-4315  
[CPA@fairfaxcounty.gov](mailto:CPA@fairfaxcounty.gov)



# FAIRFAX COUNTY POLICE DEPARTMENT POLICE LEADERS OF TOMORROW

## APPLICATION FORM

**PLEASE PRINT:** Please submit completed application by **June 12, 2023**.

Legal Name: \_\_\_\_\_

Preferred Name on Class Documents: \_\_\_\_\_

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

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender:  Male  Female

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Race: \_\_\_\_\_ (Note: Race is required for background check. Failure to include may result in delays in processing your application.)

High school attended: \_\_\_\_\_

Graduation date: \_\_\_\_\_

If currently enrolled in college level classes:

School/Institution: \_\_\_\_\_

Major/Classes enrolled: \_\_\_\_\_ Graduation date: \_\_\_\_\_

Do you have any medical condition that might affect your ability to participate in this program?

Yes: \_\_\_\_ No: \_\_\_\_ If your answer to the above question was "Yes" please explain:

\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, the following person should be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_



## **FAIRFAX COUNTY POLICE DEPARTMENT POLICE LEADERS OF TOMORROW**

### **REASON FOR ATTENDING**

Please explain why you wish to attend and what you hope to get out of the program.



## FAIRFAX COUNTY POLICE DEPARTMENT POLICE LEADERS OF TOMORROW

### PROGRAM RULES AND REGULATIONS

1. The Fairfax County Police Department will designate the individual(s) responsible for the program and its participants. This designee may terminate the participant's ability to continue in the program at any time that, in the opinion of the designee, the continued participation presents an undue risk, or the participant's conduct is such that continued participation in the program is not in the best interests of the Police Department.
2. Program participants are prohibited from carrying with them during the program any flashlight, camera, radio, recording device, binoculars, or any similar device unless authorized by the designee. Participants are absolutely prohibited from taking photographs or recordings during their participation in the program.
3. Program participants are prohibited from carrying with them during the program any weapon, concealed or otherwise, or restraining devices of any kind.
4. Program participants are prohibited from using any type of tobacco product during the course of the program.
5. Program participants may participate in the following activities during the PLOT program: role playing with law enforcement, driving/riding in law enforcement vehicles, ride-along with Fairfax County Police officers, touring Fairfax County Government buildings, contact with K-9 officers and their dogs, crime scene detectives, tactical and motor officers.
6. Program participants may be exposed to sensitive information that is used for law enforcement purposes, including but not limited to radio traffic, Computer Aided Dispatch transmissions, and criminal record information regarding suspects or arrestees. Participants may not further disseminate any such material in any manner.
7. Program participants may be witnesses to events that would require their participation in related court proceedings as witnesses. If this occurs, participants will be subpoenaed to appear in court if needed.
8. Participants are observers. They will not exit a police vehicle during any police activity unless directed to do so by a police officer. They will refrain from direct involvement in police functions or conversation with violators, suspects, arrestees, detainees, witnesses, complainants, or other members of the public encountered during the course of the official duties of the police officer with whom the participant is riding.
9. Program participants may be asked to temporarily interrupt their activities during hazardous or unusual circumstances. Participants will immediately comply with such requests and otherwise obey the directions of the police officer or designee with whom the participant is dealing.

**I have read and understand the aforementioned rules and regulations, and hereby certify that I will fully comply with the rules and regulations for the PLOT program.**

Signature of Participant: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_



## FAIRFAX COUNTY POLICE DEPARTMENT POLICE LEADERS OF TOMORROW

### WARNING AND ASSUMPTION OF RISKS OF PERSONAL INJURY AND WAIVER OF LIABILITY FOR PERSONAL PROPERTY DAMAGE

1. I understand the Police Leaders of Tomorrow program (PLOT) necessarily involves potentially hazardous activities and risks. In consideration of being allowed by the Government of Fairfax County, Virginia (hereafter called "Fairfax County"), to participate in this program, I hereby expressly assume such risks, including resulting in personal injury and/or death, arising from my participation in this event.
2. Although Fairfax County, the Fairfax County Police Department, and/or their employees may sponsor or monitor this event, I am aware that I am solely responsible for my own health and safety, and I represent that I am able to safely participate in this event.
3. I understand that my signature on this document constitutes a release and discharge on behalf of myself, my predecessors, successors, assigns, agents, heirs, executors, administrators, and representatives, of Fairfax County, Virginia, its Board of Supervisors and its members past and present, its employees, both in their individual and official capacities, and their respective predecessors, successors, assigns, heir, executors, administrators, present and former agents, present and former employees, and present and former representatives, from all claims, debts, liabilities, demands, obligations, promises, acts, agreements, costs, expenses (including, but not limited to, attorneys' fees and costs), damages, actions and causes of action, of any kind or nature, that I have or may have under any theory of law, whether now known or unknown, suspected or unsuspected, previously asserted or presently unasserted, fixed or contingent, which I have or may have, based on, or arising out of my participation in the PLOT program.
4. I am eighteen years of age or older, or I have been permitted to participate in this program by my parent or guardian, who has signed the rules and regulations form and this waiver form.
5. By signing this form, I give permission for my child/myself to be photographed and /or videotaped by the County of Fairfax and public media, unless a separate request not to photograph is submitted. I understand that the photograph/video will be used to promote the Police Leaders of Tomorrow program and I give permission for that use.

I have read and understood all of the above statements. I understand my rights and I knowingly and voluntarily assume the risks stated above. My signature below also means that my representation of my health and medical condition in this packet is complete, accurate and true.

Signature of Participant: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_



## RIDE-ALONG PROGRAM APPLICATION

To The Ride-Along Applicant:

You are required to complete this application after reading the **PROGRAM ELIGIBILITY** and **RULES AND REGULATIONS** of this application. You must then sign page 3 of this application stating that you have read, understand and will comply with these rules and regulations. You must also sign the waiver on page 4 of this application. No application will be processed unless the "Waiver of Civil Liability and Indemnification Agreement" form has been executed. This completed application must be delivered to the District Station at least 5 days prior to the expected Ride-Along. Once your application has been processed you will be contacted by telephone prior to your requested Ride-Along date and informed if your application was approved. All telephone notifications will be made to the telephone number indicated by you on a weekday during the hours of 9:00 a.m. and 5:00 p.m. This is a voluntary program conducted in the interest of public enlightenment. The Fairfax County Police Department reserves the right to limit or exclude any person from participation in this program.

### RIDE-ALONG PROGRAM ELIGIBILITY

Applicants for the Ride-Along Program must meet one of the following criteria to participate in the program:

1. Resident of District Station area receiving application.
2. Be a member of a civic organization or employee of a business located within Fairfax County.
3. Be employed by Fairfax County in a position that would be facilitated by a knowledge of departmental procedures and functions.
4. Be a police employee applicant with the Fairfax County Police Department, or have current employment in the law enforcement field with another agency.
5. Be enrolled as a student in an accredited law enforcement program, traffic safety program or a police-related study of law program.
6. Be a family member of an employee of the Fairfax County Police Department.
7. Demonstrate a special interest for participation that would benefit the police department, county government, or its citizens.
8. Any person sponsored by a Fairfax County Police Officer and approved by that Officer's Commander or Assistant Commander.

### Ride-Along Application

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

Driver OL #: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Telephone Home: \_\_\_\_\_ Work : \_\_\_\_\_ Cell : \_\_\_\_\_

E-MAIL Address: \_\_\_\_\_

Are you a member of a civic association or business employee? If yes, give name and position in organization: \_\_\_\_\_

Reason you request to ride: \_\_\_\_\_  
Date you request to ride: \_\_\_\_\_ Hours of ride (days, evenings, or midnights): \_\_\_\_\_

Have you previously ridden with this department? No: \_\_\_\_\_ Yes: \_\_\_\_\_

If yes, list the reason(s) and date(s): \_\_\_\_\_

Have you previously been refused participation in this program? No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes, approximate date and reason for refusal: \_\_\_\_\_

Do you have any medical condition that might affect your ability to participate in this program? Yes: \_\_\_\_\_  
No: \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Are you fully vaccinated against Covid-19? Yes: \_\_\_\_\_ No: \_\_\_\_\_

For the purpose of this application, fully vaccinated is defined as, two weeks after a second dose in a two-dose series, such as the Pfizer or Moderna vaccines, or two weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine. Ride-Along applicants shall be required to present proof of their fully vaccinated status to the reviewing authority of the Ride-Along application.

Are you currently involved in any potential legal process arising from any traffic or criminal matter as a defendant, plaintiff, or witness? No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

In the event of an emergency, the following person may be contacted: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## RIDE-ALONG PROGRAM RULES AND REGULATIONS

1. The shift supervisor will designate with whom the applicant will ride.
2. The shift supervisor or his/her superior may terminate the participant's Ride-Along at any time, if in his/her opinion, the continued participation presents an undue risk, or the participant's conduct, deportment, or sobriety is such that continued participation is not in the best interests of the Department. The reasons(s) for termination shall be recorded in the required I/Leads Field Contact module documenting the Ride-Along.
3. The hours of the participant's Ride-Along will be established prior to the approval of the application. These time limits may be terminated at the request of the applicant. Extensions of Ride-Along time limits may only be made with the approval of the shift supervisor or their superior.
4. Ride-Along participants are prohibited from carrying with them, during the Ride-Along, any flashlight, camera, radio of any type, tape recorder or player, binoculars, or any similar device unless authorized by the commander or shift supervisor.
5. **RIDE-ALONG PARTICIPANTS WILL NOT BE PERMITTED TO CARRY WEAPONS, CONCEALED OR OTHERWISE, OR RESTRAINING DEVICES OF ANY KIND. EXCEPTIONS MAY BE MADE FOR SWORN LAW ENFORCEMENT OFFICIALS FROM THIS STATE, OR FEDERAL OFFICERS. THE CARRYING OF CONCEALED WEAPONS BY SWORN LAW ENFORCEMENT OFFICIALS FROM THIS STATE AND BY FEDERAL OFFICERS WILL BE GOVERNED BY STATE CODE. THE LAW ENFORCEMENT OFFICERS WILL BE IDENTIFIED BY A BRIGHTLY COLORED ARM BAND ISSUED FROM THE STATION FROM WHICH THEY ARE ASSIGNED TO RIDE.**
6. Ride-Along participants are prohibited from using any type of tobacco product during the course of the Ride-Along.
7. Participants are observers. They will not exit a police vehicle during any police activity unless directed to do so by a police officer. They will refrain from direct involvement in police functions or conversation with violators, suspects, arrestee, witnesses, complainants, or other members of the public encountered during the course of the official duties of the police officer with whom the participant is riding.
8. Participants may be asked to temporarily interrupt their Ride-Along during hazardous or unusual circumstances. Participants will immediately comply with such requests and otherwise obey the directions of the police officer with whom the participant is riding.
9. During the course of the Ride-Along, the participant may be exposed to privileged information. The participant **WILL NOT** divulge any of the privileged information they are exposed to.
10. **Participants are required to dress in casual business attire during their Ride-Along. Acceptable dress for men includes suit, sport coat and slacks, or collared shirt and slacks. Women may wear the preceding or a dress or pant suit. Jeans, shirts without collars, or tee shirts are not permitted.**
11. Participants who are family members of Fairfax County Police Officers will not ride with the officer whom they are related to.

I have read and understand the aforementioned **RULES AND REGULATIONS**.

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

**COUNTY OF FAIRFAX POLICE DEPARTMENT  
FAIRFAX, VIRGINIA  
WAIVER OF CIVIL LIABILITY AND INDEMNIFICATION AGREEMENT**

In consideration of the Police Department of the County of Fairfax, Virginia (hereinafter "Police Department") granting me permission to accompany a member of the Police Department as an observer in the Ride-Along Program, I hereby waive any and all risks and liability for damages, losses, personal injuries, or death which I might suffer, sustain, or cause while participating in the Ride-Along Program. I further waive any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which I have or may hereafter acquire against the County of Fairfax, the Police Department, officers, agents, or employees as a result of my voluntary participation in the Ride-Along Program, and I hereby hold harmless such persons and entities. In the event that a demand or claim, whether groundless or otherwise, is made against the entities and or persons set forth herein, I agree to indemnify those persons and/or entities for all damages, attorney fees, and costs incurred in defending said demand or claim.

I further agree to comply with all rules and regulations of the Ride-Along Program and any instructions or orders issued by members of the Police Department in connection with the Ride-Along Program. I certify that I am aware of the potential risk involved in accompanying a Police Officer during the performance of his/her duties.

I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part. I also understand that as part of the application process my criminal history and DMV record will be checked by the Fairfax County Police Department.

\_\_\_\_\_  
DATE  
(Signature)

\_\_\_\_\_  
(Print Name)

\*\* If the applicant is less than 18 years of age, a parent or legal guardian must also sign the waiver. \*\*

I give authorization for \_\_\_\_\_ to participate in the Fairfax County Police Ride Along

(Name of Student)

Program in concurrence with the above stated waiver of civil liability and indemnification agreement.

\_\_\_\_\_  
(Signature of Parent or Guardian and relationship to student)

\_\_\_\_\_  
(Print Name)

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This document is available in an alternative format upon request. Please call the Fairfax County Police Department at 703-246-7562. TTY 703-204-2264. Allow seven working days for preparation of the material.

**DO NOT WRITE BELOW THIS POINT. FOR DEPARTMENTAL USE ONLY.**

**AUTHORIZATION TO PARTICIPATE IN THE RIDE-ALONG PROGRAM**

To Lieutenant/Sergeant:

This applicant has been **authorized** to ride in a police vehicle pursuant to the strict adherence to Departmental Regulations and under your continued supervision and approval. I affirm that the following documents have been reviewed prior to approving this applicant to participate in the program:

Criminal History  DMV Transcript  I/LEADS Person Detail Query  COVID-19 Vaccination

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Reviewing Authority

**OR**

Authorization **NOT** granted for this Ride-Along:

Reason for refusing this Ride-Along:

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Reviewing Authority