

AMERICAN TOWNSHIP FIRE DEPARTMENT

RIDE ALONG/OBSERVER AUTHORIZATION

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____

Reason for Requesting Ride Along: _____

Date for Ride Along: _____ Station/Shift _____

Time: _____ am/pm to _____ am/pm Emergency Contact: _____

American Township Fire Department has established a program for the community and healthcare professionals to further educate and provide them with a better understanding of fire suppression operations, emergency medical services, and any other services provided by the American Township Fire Department. In order for all riders/observers to gain the most enjoyable experience, the following guidelines have been established:

- Dress code is strictly enforced. You must present yourself as neat and clean, be clean shaven. Must wear dark navy blue or black slacks with a white button up shirt that has no writing or patches. Shoes may be a black boot, or shoe. The company officer may cancel permission to ride based on appearance, attitude, or conduct of the guest rider.
- Minors will be required to have a permission slip signed and dated by a parent. All riders must be at least 16 years of age. If applicant is under 18 years of age proof of emancipation or signature of guardian is required.
- All riders will be required to check-in with the Captain of the shift for the following:
 1. Signing and understanding of the release form
 2. Introduction to the staff of the fire department
 3. Tour of the facilities
 4. Tour of the apparatus
 5. Observation of an engine or medic unit and an explanation of where you are to be seated, and what you can and cannot do while you are on board the assigned apparatus. If you arrive during truck check-ins, you will be encouraged to go through unit with the crew as they perform their daily check.
- Colleges, vocational schools, and hospitals requiring ride time for EMS will speak with the EMS Coordinator prior to riding, and then will schedule the time with the Captain.
- Riders will not be permitted to respond to the following locations or calls:
 1. Transports or emergencies with a known illness or disease requiring the use of P.P.E.
 2. Allen Corrections, or Oakwood Forensic Center
 3. Shootings, and/or Stabbings
 4. Any other call that the OIC feels is a danger to the rider, the Officer has the authority to deny the response of the rider for his/her own safety.

Note: Other locations or circumstances may dictate that observers may be left on station; this will be at the discretion of the officer. Observers will be denied entry to the above facilities and will be directed to standby at the front gate or office until transport.

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The undersigned requests to ride as an observer on an emergency vehicle of the American Township Fire Department. As a condition for permission to do the same, the undersigned agrees:

1. To hold American Township Fire Department, its employees and its sublet labor, totally harmless and not responsible for any bodily injury, illness or death of the observer occurring as a result of any act, action or omission taken by any person acting on behalf of The American Township Fire Department, during the period observation.
2. To indemnify The American Township Fire Department, for any liability or claim of liability resulting from any act, action or omission by the undersigned during the period of observation
3. To follow and obey all directions, orders and requests made by The American Township Fire Department personnel.
4. To take no actions during any incidents in relation to fires, motor vehicle accidents, patient care or any other response, unless directed by The American Township Fire Department personnel.
5. To hold in confidence, ALL information derived from observation activities and follow all HIPPA policies of The American Township Fire Department.
6. To uphold The American Township Fire Department high standards of appearance and professionalism and render NO personal opinions while representing The American Township Fire Department as an observer.

I, _____, do hereby release The American Township Fire Department from any and all responsibility for an accident, injury, or death that may occur while riding on an emergency vehicle. I further understand that I am riding strictly as an observer and will not attempt to take part in any firefighting activity or perform patient care.

Name: _____

Street Address: _____

Phone: _____ Cell: _____

Parent or Guardian Signature: _____ Date: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Approval _____ Date: _____