

Date _____ Name _____

Contact phone number _____ email _____

Address _____

Why are you interested in participating in a ride-along?

Are you currently attending or have you recently attended an emergency services training program?

no yes ► which one _____

Each observer will only be allowed one weekday ride along, unless specified and approved by Deputy Chief.

Please list the top 3 date choices:

1st _____ 2nd _____ 3rd _____

Office use only

approved or declined ► _____
reason

by _____
Print - name Signature

Ride along observation date _____

Assigned to Platoon: 1 2 3 4 Report to _____
Officer name

Approving Deputy Chief _____ Signature _____

Individual contacted and times confirmed _____

Entered into calendar Platoon Calendar Station 6 Calendar

Collection and use of personal information

Personal information is collected in accordance with section 3 of the *Municipal Government Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)* and is protected by FOIP. It will be used to determine program eligibility and to contact you for confirming dates and times. If you have any questions about the collection and use of the information, contact the Deputy Fire Chief of Operations at 780-467-5216.

Ride Along Observer Program

Expectations of a Ride Along Observer

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We welcome you to our operation and would like to give you some guidelines which will make your time with us more educational.

A. Dress Code

Wear clothing which will compliment our operation; dark pants and blue shirt. Proper Personal Protective Equipment is required, steel toed shoes and protective eyewear. Running shoes, clogs, bright colored clothing, blue jeans, etc. are not allowed. You will be issued mandatory identification to be worn during your observation shift.

B. Authorization

Make sure the Emergency Contact Information, Waiver and Release of Liability form is filled out before the day of your ride along.

C. Emergency Services Rank Structure

This organization is a paramilitary operation with an established chain of command. You will be assigned and answerable to the Shift Officer and expected to follow his orders without question.

You are required to arrive for shift at 8:00 a.m. at Station 6, reporting to the Shift officer, Captain's Office.

DO NOT'S

- Do not answer department telephone
- Do not stray from your assigned crew
- Do not touch any equipment or supplies without being asked to do so
- Do not speak to patients or relatives unless asked to
- Do not speak to anyone about calls or department business now or at any time in the future

Name _____

Emergency contact Name _____

Phone _____

Waiver and Release of Liability

In the consideration of Strathcona County Emergency Services allowing me to participate in the Ride Along Observer Program (hereinafter called the "Program") I (participant name) _____ participating in the Program, for myself, my heirs, executors, administrators and assigns hereby agree to:

1. RELEASE Strathcona County, its officers, agents, servants and employees, from any and all claims, actions, costs, demands and expenses arising out of or in consequence of an loss, injury or damage to my person or personal property incurred while attending at or participating in the Program notwithstanding that any such loss, injury or damage may result from the negligence of the County, its officers, agents, servants and employees.

2. WAIVE ANY AND ALL CLAIMS that I, my heirs, executors, administrators, insurers, successors and assigns, have or may have in the future against the Releasees.

3. I will keep confidential all Strathcona County Emergency Services incidents, events, procedure, conversations, speculations heard or seen by me while participating in the Program and will not repeat in any form to anyone, whatsoever.

4. I have read and understand the expectations of a Ride Along Observer as they appear on the Ride Along Observer Program – Application and agree to abide by them.

Dated at Sherwood Park, in the Province of Alberta,

This, _____ day of _____, 20____.

Observer - signature

Shift Officer – signature

Date

Collection and use of personal information

Personal information is being collected under the authority of s.33© of the *Freedom of Information and Protection of Privacy Act* and will be used to ensure the proper waivers are in place and current emergency contact information is available prior to participating in the program. If you have any questions about the collection, use or disclosure of your personal information, contact the Deputy Chief of Operations, Strathcona County Emergency Services, at 780-467-5216.