

Cortez Fire Protection District



Ride Along/Observer Program

Purpose:

It is the intention of the Cortez Fire Protection District to allow persons of the community to gather information and experience in the field of Emergency Services through participation in an organized Observer Program while having a minimal impact on the delivery of these services to the community. These rules set forth to provide a guide for this goal to be achieved and will be strictly adhered to.

Policy:

Individuals that have an interest in participating in this program will be required to meet the program rules and adhere to all policies, protocols, procedures, and rules of the Cortez Fire Protection District. All individuals shall have a signed Civilian Observer and Waiver form before doing their ride time. This form must have prior approval and be signed by the Fire Chief. The Waiver shall remain in effect for a period of one year from the date of signing.

Requirements:

Observers should be one of the following:

- Enrolled in a Fire Service and/or EMT training program
- A member of a Public Safety organization (fire department, police department, etc.)
- A professional in a related field
- A member of the Community with no criminal background
- Approved by the Fire Chief

Observers shall be a minimum of sixteen (16) years of age.

Observers will be permitted to ride between the hours of 0700 and 2100 hours (7am to 9pm).

Observers shall follow all safety procedures of the Cortez Fire Protection District to include the wearing of seatbelts any time they are seated in any vehicle or apparatus that is or will be in motion. A reflective vest and safety glasses will be worn by the individual on any emergency scene to include but not limited to:

- Vehicle Accidents
- Medical Calls
- Fire Calls

The Observer shall be assigned a firefighter. The firefighter shall be responsible for the direction, guidance and any written evaluations necessary to the observer. The Acting Officer shall be responsible for the safety and well-being of the Observer.

Observers are welcome to eat meals with the crew but will be expected to cover either their share of the meal cost or to provide their own food. It is recommended that you indicate if you wish to share meal costs.

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Dress Code:

If you are a member of a fire department or emergency medical service, the uniform of that service is acceptable. IF you are not a member of the for mentioned agencies, the Observer shall wear black or dark blue dress pants (New Clean Jeans may be accepted), a collared shirt without print/slogan/design appropriate for the weather, black leather shoes, boots, hiking boots or like footwear. No open toed shoes, tennis shoes or high heels should be worn. Any individual that arrives for a ride along shift not dressed appropriately will be asked to leave and may return once they have change into acceptable attire. Arrival for a ride along shift does NOT automatically qualify an individual for approval for a ride along shift.

Scheduling Ride Time:

Individuals participating in the Observer Program must contact the Fire Chief to schedule times to ride with the crews. This is to ensure there is no conflicting or overlapping in the ride schedule.

Meals:

Individuals that want to eat meals with the crew must provide advanced notice; otherwise meals will be on your own.

The Cortez Fire Protection District reserves the right to deny access to the program or to terminate the observer's participation, for reasons of safety, operational conflicts or for no reason.

Confidentiality:

The observer, by nature of participation in the program, agrees to maintain confidentiality of all information pertaining names, addresses, telephone numbers or other such personal and identifying information gathered during an emergency scene response. Any individual participating in the observer program that fails to maintain confidentiality will be subject to any and all legal actions and will not be covered by legal representation of the Cortez Fire Protection District.

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Name: _____ Phone: _____

Address: _____

City: _____ Zip: _____

Age: _____ D.O.B. _____

Fire or EMS Affiliation: _____ Phone: _____ - _____

Employer: _____ Phone: _____ - _____

Provider Level _____ CPR _____ First Responder _____ EMT _____ EMT-I _____ EMT-P

Firefighter Level _____ None _____ FF 1 _____ FF2

Other _____ Law Enforcement _____ Student _____ Civilian

Waiver of Damage or Injury

In consideration for being permitted by the above district to observe/and or participate in the above activity, I hereby waive, release, and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks (which include among other things: tripping, falling from an apparatus, struck by a vehicle, involved in a vehicle accident, ect.) I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent that my son/daughter, _____, participate in the above activity, and I hereby execute the Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in-said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense that they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Print Name _____ Relationship _____
(Participant or Parent /Guardian) (if signed by Parent/Guardian)

Signature _____ Date _____

Approved _____ Denied _____

Authorized By: _____ Title: _____