OBSERVER AGREEMENT

This is an agreement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an Oregon rural fire protection district (“District”), and the person named below (“Observer”) entered on the date shown.

District has offered Observer the opportunity to ride along with firefighters, incident commanders, EMTs, and paramedics in emergency vehicles to emergency medical, fire suppression, and hazardous materials (“hazmat”) incidents to observe District response to these incidents.

Observer for him/herself, and by his/her parent or guardian if Observer is less than 18 years of age, has been informed that riding along in emergency vehicles and observing at the scene of emergency incidents involves a risk of personal and/or bodily injury and property loss. This includes, but is not limited to, the risk of a collision involving the vehicle carrying Observer; the risk of acquiring infectious diseases from persons at the scenes of emergency incidents; the risk of injury from contact with heat, smoke, other toxic chemicals, and hazardous substances at the scenes of fire suppression and hazmat containment; the risk of injury from the activities of emergency personnel and equipment operation at the scene of an incident; Observer’s own activities; and similar other risks.

Observer has satisfied him/herself that he/she is in a physical and emotional condition that can withstand exposure to these risks. Observer represents to District by his/her signature below that Observer has no physical or emotional condition that makes for probable injury to Observer or others or that may interfere with District employees’ response to the incident. Observer understands and agrees that employees’ attention enroute and at the scene of an emergency incident will be directed primarily to incident response and that Observer must at all times keep a proper lookout and take proper precautions for his/her own safety.

**WAIVER:** Therefore, in consideration of District permission that I ride along and observe at the scene of an emergency response, I, for myself, my heirs, executors and assigns hereby WAIVE any claim against District that may occur to me for personal and/or bodily injury and property damage arising out of riding along and observing at the fire station and/or the scene of any and all emergency responses by District personnel.

##### BY SIGNING I REPRESENT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE BOUND BY THIS AGREEMENT.

Observer Signature:

Date:

Name:

Address:

If Observer is less than 18 years of age, parent/guardian must sign below:

Parent/Guardian Signature:

Date:

Print Name:

Thank you for providing the following information to correctly route your \_\_\_\_\_\_\_\_ Job Shadow request. Please note we can normally provide a job shadow for four hours on a week day. If you require a different time frame please put that in the “additional information” section of this form. *If you are not in high school or are 18 years of age or over, a criminal background check with fingerprints will be required.*

Observers must be appropriately dressed for the fire service work environment. You will be required to wear dark pants (no denim, spandex or sweat pants), sturdy work shoes and a long‐sleeved shirt.

Please return this information to ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Thank You.

Name:

Address:

 Age: \_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you interested in a job shadow? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Best dates for you (1st, 2nd, 3rd choice)

1: 2: 3:

Best times of day for you to start at a station

1. 2. 3.

Please check if you are in high school:

If you are in high school and a job shadow is requested for a certain class:

Teacher’s name: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time commitment required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check if you are attending college: Check if you are pursuing a firefighting career:

Check if you have your EMT‐Basic certification or are the process of completing the classes:

Please provide additional information if needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**RIDE-ALONG/OBSERVER STATEMENT OF PURPOSE**

I, , wish to make clear my reasons for seeking a ride-along opportunity with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I anticipate riding/observing for (i.e., one day, one week, etc.) for the purpose of

 (i.e., Fire/EMS familiarization, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ familiarization, other).

It is my responsibility to amend this statement if my length of ride-along or intended purpose should change.

I agree to follow all directions given to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personnel and supervisors, and I understand that my ride-along may be terminated unilaterally by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at any time.

I understand that information and actions observed during medical incidents are considered protected health information and are confidential. I will not disclose any information observed during confidential medical incidents to any third parties.

Signature

(Observer)

Address:

Date Phone:

Signature (Supervising Co. Officer or Chief)

*Upon completion of Ride-Along:*

Remarks:

Signature

(Observer)

Remarks:

Signature (Supervising Co. Officer or Chief)

Date

Date

Date

Send one copy to HR and one copy to be kept in Fire Station

 **RIDE-ALONG PROGRAM**

##### INSTRUCTIONS FOR CRIMINAL HISTORY REPORT

As a condition of your being placed as an observer with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, you are required to be fingerprinted and request a Criminal History Report, based on the fingerprints, from the Oregon State Police.

If any felony convictions show in your background check, you will be disqualified from the Rider Program. Some misdemeanors and/or illegal drug use may also disqualify you. Any question about items in your criminal history report will be resolved anonymously by Human Resources.

To obtain a copy of your Oregon criminal history report, please complete the following steps:

1. Obtain a copy of your fingerprints (see list below).
2. Submit a \_\_\_\_\_\_\_\_\_ check or money order payable to Oregon State Police, along with the completed “Own Record Request Form” (see form attached).
3. Mail the above documents to the following address: address:

Oregon State Police

Identification Services Section Unit 11

PO Box 4395

Portland, OR 97208-4395

The results, along with the submitted fingerprint cards, will be returned to you. Please allow five to ten business days to receive your response. Due to the confidentiality of criminal history record information, results will be mailed only to the requestor.

1. Have the Criminal History Report sent **UNOPENED** to:

##### The following locations provide fingerprinting services. Please call for hours and fees.

**COPY OF OWN RECORD REQUEST**

This form is to be used ONLY when requesting a copy of your Oregon Criminal History information or clearance letter. This form may be copied.

NAME:

Last First Middle

OTHER NAMES USED:

DATE OF BIRTH: / /

month day year

SOCIAL SECURITY NUMBER: - -

YOUR MAILING ADDRESS:

Street or P.O. Box

City State Zip Code

Country

TELEPHONE ( )

MY CHECK OR MONEY ORDER, PAYABLE TO OREGON STATE POLICE, IS INCLUDED FOR THIS SERVICE AS FOLLOWS:

COPY OF OWN RECORD ($33.00) $

PLEASE NOTARIZE RESPONSE ($5.00 per copy) $

TOTAL INCLUDED $

\*\*Your fingerprint card will be returned with your response.