

FLAGSTAFF FIRE DEPARTMENT

RIDE-ALONG PERMIT



REQUESTER INFORMATION

Name (First and Last): _____

Phone #: _____

Email: _____

Address: _____

RIDE ALONG REQUEST DETAILS

1st Date: _____

Requested Date: 2nd Date: _____

3rd Date: _____

Please list ATLEAST 3 different dates incase your initial date pick isn't available

If none of the above dates are available please select your preferred day of the week to do a ride along

Day of Week: M T W TH FRI SAT SUN

Time of Day: AM PM Any

Length of Time: (Pick One) 4 HOURS 8 HOURS

Specific Time Frame 8:00 am-12:00 pm 1:00-4:00 pm 8:00 am-4:00 pm Other: _____

Shift: A B C No Preference

Station: 1 2 3 4 5 6 No Preference

Objective of Ride Along: _____

RIDE-ALONG GUIDELINES

Ride-along participants must conduct themselves in a professional manner, as they are perceived by the public to represent the Flagstaff Fire Department. Any complaint directed at a ride-along will negate the opportunity to participate in this program. A ride-along is a privilege. The ride-along participants must be willing to work with department personnel at all times. The F.F.D. has the right to restrict/terminate the duration of ride-along, if necessary.

1. All ride-along participants must have a waiver signed and on file.
2. Due to COVID-19 at this time only one per person is permitted during a ride along.
3. All City employees must have a signed waiver.
4. Due to COVID-19 ride along participants are required to wear a face masks (over nose and mouth) at all times
5. It is recommend that all ride along participants be fully vaccinated
The COVID-19 vaccination may become required.
If vaccination becomes required participants ride along may be delayed until proof of vaccination can be presented
6. Clothing/appearance must be clean and conservative and meet approval of Battalion Chief/Shift Captain.
7. Station Captain is to inform the ride-along participant what is expected of them.
8. Ride-along will observe ONLY and is not to participate in the call. The ride-along will be under F.F.D. supervision.
9. All rules will be followed.
10. Ride-along is not allowed to use department equipment (radios, EMS equipment, etc.)
11. All crews are to follow the normal fire department schedule.
12. When time allows, the ride-along may tour the station and ask questions.
The ride-along may move about the station, as long as it does not interfere with the routine of the station.
13. Ride-along participants are permitted between the hours of 0800 (8:00 am) and 2000 (8:00 pm)
14. Ride-along participants are responsible for their own meals.
15. Ride-along participants will wear seat belts, "OBSERVER" safety vest, and department helmet when riding in apparatus.

Signature of Ride-Along _____ Date _____

Updated: 2/3/2022– J. Richwine

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

Participants over the age of 18 years or older

In consideration of Ride Along permission/permit by the City of Flagstaff Fire Department,

I, _____ (print name), hereby agree to indemnify and hold harmless the City, its officers, boards, commissions, employees, and agents, against and from any and all claims, demands, cause of action, suits, and proceedings, regardless of the merits of the same, and from damages (including damage to City property), liability, cost or expenses of every type, all or any part thereof which arise by reason of any injury to or death of any person(s), including myself, or property damage, resulting from, arising out of, or in connection with, the aforesaid permitted operation or endeavor.

Further, I agree to assume all the risks in the permitted operation or endeavor and I am fully aware personal danger may be involved.

Applicant Signature

Date

WITNESS: Name (Print): _____ Signature: _____

Date

If applicant is under age of 18 years, special permission of the Fire Chief must be obtained and the following completed.

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

If applicant is under age of 18 years, special permission of the Fire Chief must be obtained and the following completed.

I, _____ (print name), parent, guardian, or legal custodian of the minor signing above, do hereby assent to the above waiver and agree to the terms as stated above.

Parent, Guardian, Legal Custodian Signature

Date

WITNESS: Name (Print): _____ Signature: _____

Date

Signature of Fire Chief (or authorized personnel)

Date

ALL APPLICATIONS MUST BE APPROVED BY THE FFD FIRE CHIEF (or authorized personnel)

FOR FLAGSTAFF FIRE DEPARTMENT ONLY

Date scheduled : _____ Time frame scheduled : _____

Station scheduled at : _____ Shift schedule for: A B C

Date Entered into Training Calendar: _____

Entered By: _____

Stamp

Battalion Chief: _____

COMMENTS: _____

Confirmation Stamp

COMMENTS: _____

RIDE ALONG CANDIDATE

Name (First and Last): _____

Ride Along Date _____

Station Location _____

Ride Along Completion Comments

COMMENTS: _____

Station Officer or Battalion Chief

Date

