



SOUTH KING FIRE & RESCUE RIDE-ALONG FACT AND INSTRUCTION SHEET

Welcome to South King Fire & Rescue. You have been provided an opportunity to observe first-hand what happens inside a fire department. While we cannot guarantee an emergency call during your ride-along, we hope that by spending time with our department you will gain insight into the multi-faceted nature of the emergency response world and the many roles and responsibilities faced by today's professional fire departments.

Name of Participant: _____

Address: _____

Phone: _____

Date of Assignment: _____

Assignment Time: From _____ To _____

School or Sponsor: _____

Station Assignment: _____

Station Address: _____

Officer in Charge: _____

OBSERVATIONS – Be aware that firefighters respond to many medical situations. You may observe scenes that may be violent, traumatic or emotional. If you would like to discuss these possible situations, please inform the Officer in Charge at the beginning of your assignment.

CLOTHING – Please wear a collared shirt or blouse, dark pants, sturdy shoes and a jacket (weather dependent). Do not wear t-shirts or clothing with labels or advertising.

FOOD – Bring something to eat as the firefighters generally eat at least three times a day. All stations have cooking facilities so you are welcome to cook at the station.

CONDUCT – You will be expected to act in a professional, mature manner. You will be responsible to the Station Officer. He/she will direct you regarding safety issues and vehicle assignments. Be aware that you may be entering private residences – do not touch or disturb possessions. There may be situations during the ride-along in which you come into contact with confidential and protected health care information. You are to keep this information confidential as between yourself and South King Fire and Rescue and shall not divulge this information to third parties. You shall take all necessary steps to prevent disclosure of any of the confidential and protected health care information that you become aware of during the ride-along. You further hold South King Fire and Rescue harmless from any damages suffered as a result of your

disclosure of any confidential and protected health care information that you become aware of during the ride-along.

I understand the rules and regulations of the Ride-Along program.

Name _____ Date _____

RELEASE OF LIABILITY

(to be signed before ride)



The undersigned, in order to ride in a South King Fire & Rescue vehicle to observe the operations and functions of the department, recognizes and assumes all risks pertaining to the ride, and releases South King Fire & Rescue, its officials, employees, agents and representatives from all liability whatsoever for any injuries, damages and claims the undersigned, or the heirs, dependents and assigns of the undersigned, may sustain in and about the vehicle or in any other way during the course of the observation by the undersigned of the operations and functions of the Department.

Critical calls: If, in the Officer's opinion, the situation should not be observed, the undersigned may be shielded from the situation. Hostile or unstable situations fall into this category which may also include significant trauma incidents, CPR, SIDS, suicides, childbirth, extrication, amputations, gun shot wounds and similar situations.

Contamination: If the undersigned becomes contaminated by infectious materials, chemicals, or other hazardous materials, the Officer is required to follow Department protocol for decontamination and follow-up by a medical adviser. The Department will assist in the process and does not claim responsibility for the payment of those services.

Critical Incident Stress Debriefing: Observers who suffer from post-observation trauma are eligible to participate in CISD with the department Chaplain and/or EAP provider. If the event causes severe psychological trauma, the Department will refer the observer for additional care through the EAP provider. The Department claims no responsibility for payment for these services.

Injury to the undersigned: Shall be the responsibility of the Department for initial medical care. Continued care and rehabilitation shall be the responsibility of the undersigned.

IN WITNESS WHEREOF, the undersigned has executed this waiver at _____,
_____ Washington, this _____ day of _____, 20_____.

(SIGNATURE)

(PARENT OR GUARDIAN)

Emergency Phone: _____ Address: _____

NOTE: The signature of a parent or guardian is required for those observers under the age of 18.



SOUTH KING FIRE & RESCUE CITIZEN-OBSERVER RIDER REQUEST FORM

Date: _____ Telephone number: _____

Name: _____ Age: (if under 18) _____

Address/City/Zip: _____

Preferred Date and Time of ride: _____

School: _____ Grade: _____

How did you hear about the Ride-Along Program? _____

Why do you want to participate in this program? _____

Careers or jobs that I have been interested in include:

- _____
- _____

Hobbies and things I enjoy outside of school include:

- _____
- _____

Medical information in case of an emergency: (allergies, conditions, medications)

Parent/Guardian Name: _____ Work phone: _____

Workplace Name/Address: _____

Signature of Participant

Signature of Approving Fire Official



SOUTH KING FIRE & RESCUE RIDE-ALONG EVALUATION FORM

We want to hear from you! Please complete this form after your Ride-Along experience and drop off or mail to:

**South King Fire & Rescue
31617 1st Avenue South
Federal Way, WA 98003
ATTN: Ride-Along Program**

Station Assignment: _____

Officer in Charge: _____

Date of Assignment: _____

1. Do you think the Ride-Along program was beneficial to you? Why?
2. Will the Ride-Along experience change the way you think about the Fire Department? If so, how?
3. Do you feel your time spent with the firefighters was informative? What did you learn?
4. How were you treated by the Fire Department personnel?
5. Is there anything you would change about the Ride-Along Program?

For additional comments, please use the back of this page. Thank you for your participation!