



STUDENT SHADOW EXPECTATIONS

- Neat and clean jeans/work pants and collared shirt
- Arrive on time
- If you have to cancel you must call 910-433-6252 qt"; 32/898/3938"prior to your scheduled arrival time0"To continue with the program, the excuse must be permissible
- Bring money for food or something to eat
- No inappropriate behavior or language is permitted
- You must follow the direction given by the officer in charge

Participant's Signature

Fire Station Officer Signature



WRITTEN REQUEST FROM RIDER TO PARTICIPATE IN PROGRAM

I, _____ voluntarily request to participate in the City of Fayetteville Fire Department's Ride-Along Program.

I request the following dates for participation in the program:

_____.

Name

Signature

Date



City of Fayetteville and Fayetteville Fire Department
Shadowing Program Waiver

I, _____ parent/legal guardian of _____, a student with the Cumberland County School System, do hereby voluntarily agree to permit him/her to participate on _____, in the Shadowing Program sponsored by the student's high school in association with the City of Fayetteville Fire Department. I understand that I am responsible for transporting him/her to and from the City of Fayetteville facilities. The Fayetteville Fire Department will provide transportation during the one day activity.

The Cumberland County School System's Shadowing Program provides students, who have expressed an interest in firefighting as a career choice, the opportunity to observe the daily activities of the Fayetteville Fire Department and its personnel.

I understand that for the one day event, between the hours of 8am and 5pm, on _____, my child's activities will consist of observing the daily operations of the Fayetteville Fire Department. It will not involve any activity engagement or participation in daily firefighting duties or job performance.

In consideration of, and for the privilege of volunteering in the Shadowing Program with the City of Fayetteville and the Fayetteville Fire Department for the purpose of exposing the child to the work of the fire department, so that he/she may enhance his/her career opportunities. I _____, parent or legal guardian of _____, for myself, my heirs, executors, administrators and assigns, hereby release and forever discharge the City of Fayetteville, North Carolina, its officers, agents and employees from any and all claims or injuries, demands, damages, actions or causes of actions, arising from, resulting from, or to result from my child's or legal guardians participation in the Shadowing Program with the City of Fayetteville and the Fire Department. The child's presence in any City of Fayetteville Fire Station or facility or any injury or claim that might occur as the result of his accompanying a Fayetteville firefighter in the performance of his or her duty, and from all claims or demands whatsoever, in law or in equity, which I, my heirs, executors, administrators, or assigns can, shall or may have reason or any matter, cause or anything whatsoever against the City of Fayetteville, its officers, agents, and employees prior to the date of execution this agreement.

I understand that my child has received a copy of the rules and regulations for the City of Fayetteville and that he/she must follow these rules and regulations and that his/her failure to do so will results in immediate removal from the program.

Parent/Legal Guardian

Fire Department Representative

632 Langdon Street
Fayetteville, NC 28301
(910) 433-8474 """"(910) 898/3938
An Equal Opportunity Employer
www.bravethefire.com



WAIVER AND RELEASE FORM

I _____, have requested to volunteer and ride along with the City of Fayetteville Fire Department on a fire engine truck and observe fire engine truck crew activities on _____ through _____. I understand that my participation will not involve in any way active engagement or participation in daily fire duties or operations.

In consideration of, and for the privilege of volunteering with the Fayetteville Fire Department, I _____, for myself, my heirs, executors, administrators and assigns, hereby release and forever discharge the City of Fayetteville, North Carolina, its officers, agents, elected officials and employees from any and all claims or injuries, demands, damages, actions or causes of actions, arising from, resulting from or to result from my participation in activities at Station Number(s) _____, owned by the City of Fayetteville or his/her presence on any City of Fayetteville facility or any injury or claim that might occur as the result of accompanying a Fayetteville Firefighter in the performance of his or her duties, and from all claims or demands whatsoever, in law or in equity, which I, my heirs, executors, administrators, or assigns can, shall or may have reason of any matter, cause or anything whatsoever against the City of Fayetteville, its officers, agents, elected officials and employees prior to the date of execution this agreement.

Signature

Fire Department Official

Print

Name: _____

Title: _____

632 Langdon Street
Fayetteville, NC 28301
(910)433-8474 *****910) 898/3938
An Equal Opportunity Employer
www.bravethefire.com



In consideration for the privilege of riding along with the City of Fayetteville's Fire Department for the purpose of better understanding firefighting, to increase understanding between firefighters and citizens, or for background information for the undersigned's occupation, the undersigned hereby releases the City of Fayetteville, North Carolina, and its elected officials, employees, officers, agents and assigns from any and all actions, claims, or demands for damages that might arise out of the undersigned's presence in or about any vehicle owned by the City of Fayetteville or any injury that might occur as the result of accompanying any Fayetteville Firefighter in the performance of his/her duties.

I understand that I may hear or observe confidential, private, or protected information during my ride along with the Fayetteville Fire Department. I agree that I will not reveal or otherwise communicate any confidential, private, or protected information disclosed to me during this ride along with the Fayetteville Fire Department including, but not limited to, the name and medical condition of any patients that the firefighter may treat or any other protected health information in accordance with the Health Insurance Portability and Accountability Act (HIPPA) of 1996 as amended.

ASSIGNED TO:

Firefighter's Name

Firefighter's Station

RIDE ALONG PARTICIPANT:

Participant's Printed Name

Phone Number

Address: _____
 Address City State Zip

Participant's Signature

Date

Emergency Contact Information:

Personal Physician: _____

Person to notify in Case of Emergency: _____

Phone (home) (work) (cell): _____

| | | | |
|---|-------|--|-------|
| FAYETTEVILLE FIRE DEPARTMENT | | Date of Application (mm/dd/yyyy): | |
| Ride-Along Program Background Check Authorization | | Please complete all yellow highlighted fields in full and provide a copy of a Government Issued ID Card | |
| C.O.P <input type="checkbox"/> Citizen <input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Applicant <input type="checkbox"/> Other <input type="checkbox"/> Describe: _____ | | | |
| Applicant Full Name: | | Emergency Contact Name: | |
| Applicant Home Address: | | Emergency Contact Phone Number: | |
| Applicant Phone Number: | | Relationship to Applicant: | |
| Applicant Email Address: | | I, _____, understand that a criminal background check will be completed for the purpose of my participating in the Fayetteville Fire Department Ride Along Program Signature _____ Date _____ | |
| Sex: | Race: | | |
| Date of Birth: | | | |
| Social Security Number: | | | |
| Driver's License (State/Number): | | | |
| The above named individual would like to Ride Along with a firefighter and observe fire department operations | | | |
| This person would like to ride along: | | | |
| Station: | | | |
| Preferred Day of the Week: | | | |
| Preferred Shift: | | | |
| Referred to this program by: | | Reason for Riding: | |
| THIS SECTION FOR FPD USE ONLY: DO NOT COMPLETE | | | |
| Does Applicant have a Concealed Weapon Permit? No <input type="checkbox"/> Yes <input type="checkbox"/> , County of Issue: | | | |
| Has Applicant Been Arrested: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, List Charges: | | | |
| Does Applicant have active Warrants? No <input type="checkbox"/> Yes <input type="checkbox"/> , If Yes, List: | | | |
| Background check completed by: | | | Date: |
| Background Investigator Notes: | | | |
| Application Approved by: | | | Date: |
| Individual Rode with: | | | Date: |
| Station/Unit: | | | |
| General Release Form (To be completed on the day of your ride along) | | | |
| Cumberland County, North Carolina | | | |
| I, _____ of _____, for good and valuable consideration acknowledged, do hereby discharge and release the City of Fayetteville, its agents, and employees from any liability or claim which may arise because of the personal injury or property damage which I may suffer, or which may result from or have its origin in my riding in a Fayetteville Fire Department vehicle, boat or helicopter or by my accompanying any member of the Fayetteville Fire Department on any official mission or other undertaking. In accepting this opportunity to accompany members of the Fayetteville Fire Department or to ride in a Fayetteville Fire Department vehicle, I understand that: | | | |
| 1. I will not assist any member of the Fayetteville Fire Department in accomplishing any tasks or in the performance of their duties, and that I am not in any way sworn to so act or assist any member of the Fire Department. | | | |
| 2. I further understand that I will not in any way act as an agent of the City of Fayetteville or its employees. | | | |
| This _____ Day of _____, 20_____ | | | |
| Citizen Signature: | | | |
| Witness Signature: | | | |
| Supervisor Notes: | | | |

Submit Application to: Fayetteville Fire Department Recruiter, SShakeshaft@ci.fay.nc.us
Contact 910-433-6252 or 910-676-1716 for questions