

**JOPLIN FIRE DEPARTMENT RIDE ALONG PROGRAM INSTRUCTIONS
FOR ENGINE OR LADDER TRUCK OBSERVERS IN THE RIDE ALONG
PROGRAM. PLEASE READ CAREFULLY. YOUR SIGNATURE STATES YOU
WILL ADHERE TO THE FOLLOWING CONDITIONS.**

**APPLICATIONS NOT ACCEPTED WITHOUT COMPLETE LEGAL NAME
AND DOB.**

1. All persons riding with crews of the City Fire Department should be dressed in a presentable manner. Following is a list of acceptable dress:

No short pants, sandals, no sweatpants, no t-shirts except academy issue.

If the persons riding as observers are not dressed satisfactorily, the Officers and/or their Supervisors have the right to refuse or terminate the ride along.

2. Persons riding in the capacity of observers are under the complete control of the Officer at all times.
3. Observers shall not leave the fire vehicle at the scene of any fire activity or participate in the fire activity unless directly requested by the Officer.
4. Observers shall not converse with patients, homeowners, business owners, suspects, witnesses or other parties contacted on the fire business unless requested by the Officer.
5. Observers shall not interfere with the Departments activities at any time. Although it is desirable, and you are encouraged to ask questions regarding procedures and activities, it must be done at the appropriate time.
6. Observers will not handle any fire equipment unless requested by the Officer.

NAME: Last _____ First _____ MI _____

DOB: _____ ADDRESS: _____

PHONE: (____) _____ OCCUPATION: _____

DATE REFERED: _____

SUPERVISORS VERIFICATION OF RIDE ALONG:

DATE RODE: _____

TIMES: _____ THROUGH: _____

SHIFT: _____ OFFICER: _____

WAIVER OF LIABILITY

I, _____ do willingly participate in the City of Joplin Fire Department Ride Along Program, in that I will be riding with City of Joplin Fire Crew, in City of Joplin Engine or Ladder Truck while on routine & emergency operations.

I hereby waive any and all rights, claims or causes of action, which may arise against the City of Joplin; it's liability carrier and any or all employees of said City on account of my participation in the Fire Department Ride Along Program.

I hereby acknowledge that I assume responsibility for any accident or injury which may befall me while so engaged, and forever release the City, it's Fire Department, it's liability insurer and all employees of the City from any claim, whether it be based on negligence, inadvertent or unforeseen incidents. I further represent that I understand all risks involved and agree that this waiver and release shall be binding upon my heirs, executors, administrators, administrators and assigns.

Dated at the City of Joplin, Missouri, this _____ day of _____, 20 _____.

Applicant's Signature

Signature of Parent or Guardian
(If applicant is under 18 years of age)