

Emergency Services, 915 Bison Way, Sherwood Park, AB T8H 1S9

Phone 780-467-5216 Fax 780-449-9652

Date \_\_\_\_\_ Name \_\_\_\_\_

Contact phone number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Why are you interested in participating in a ride-along?

Are you currently attending/interested in attending/recently attended an emergency services training program?

 No  Yes ► which one? \_\_\_\_\_

Each observer will only be allowed one weekday ride along, unless specified and approved by Deputy Chief.

Please list your top 3 date choices:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_**Office use only** Approved or  Declined ► (reason if declined) \_\_\_\_\_By \_\_\_\_\_  
Print Name Signature

Ride-along observation date \_\_\_\_\_

Assigned to Platoon:  1  2  3  4 Report to (Officer Name) \_\_\_\_\_

Approving Deputy Chief \_\_\_\_\_ Signature \_\_\_\_\_

Individual contacted and times confirmed \_\_\_\_\_

## Collection and Use of Personal Information

Personal information is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to determine program eligibility and to contact you for confirming dates and times. If you have questions regarding the collection, use or disclosure of this information, contact the Deputy FireChief of Operations, Emergency Services, Strathcona County at 780-467-5216.

# Ride Along Observation Program – Application

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We welcome you to our operation and would like to give you some guidelines which will make your time with us more educational.

- A. **Dress Code**  
Wear clothing which will complement our operation; dark pants and blue shirt. Proper Personal Protective Equipment is required, steel toed shoes and protective eyewear. Running shoes, clogs, bright colored clothing, blue jeans, etc. are not allowed. You will be issued mandatory identification to be worn during your observation shift.
  
- B. **Authorization**  
Make sure the Emergency Contact Information, Waiver and Release of Liability form is filled out before the day of your ride along.
  
- C. **Emergency Services Rank Structure**  
This organization is a paramilitary operation with an established chain of command. You will be assigned and answerable to the Shift Officer and expected to follow his orders without question. You are required to arrive for shift at 8:30 a.m.

## DO NOT'S

- Do not answer department telephone
- Do not stray from your assigned crew
- Do not touch any equipment or supplies without being asked to do so
- Do not speak to patients or relatives unless asked to
- Do not speak to anyone about calls or department business, now or at any time in the future

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