Ettrick-Matoaca Volunteer Rescue Squad

5711 River Road, South Chesterfield, VA 23803

Ride Along Application

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MI

ADDRESS

CITY	STATE	ZIP CODE

BIRTHDATE	HOME TELEPHONE NUMBER	CELL PHONE NUMBER

EMAIL ADDRESS

EMERGENCY CONTACT INFORMATION

NAME OF EMERGENCY CONTACT

TELEPHONE

GENERAL INFORMATION

Answering "yes" to the following questions will not automatically exclude you from being considered for our ride along program. However, complete and accurate information must be provided.

Have you ever been dismissed or asked to resign from any position, whether as an employee, volunteer or otherwise?	YES	NO

If YES, please explain:

Have you ever been convicted of or pled guilty to a crime (felony, misdemeanor or other) – including being sentenced to probation before judgment, etc.	YES	NO

If YES, please explain:

Have you ever been an applicant, employee or member of any fire department or rescue squad?	YES	NO

If YES, please list department name and dates (from/to)

My reason for wanting to participate in the ride along program is:

What shift would you like to ride along?	Daytime	Evening

When would you like to start?	

SIGNATURES

Application Certification and Acknowledgement

I hereby certify that the information set forth in this application are true and complete and agree to the following: I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that if any statement made by me on this application or during the approval process is found to be false, misleading, or a material omission, it will prevent me from being approved for the ride along program; it will be grounds for my immediate dismissal, regardless of when discovered by the squad.

Realizing the dangers inherent in rescue work, I waive any claim against Chesterfield County or its employees, Ettrick-Matoaca Volunteer Rescue Squad or its officers or members of liability for any injury or property damage that might arise through my participation.

I expressly acknowledge that there is a risk of injury or death in participating in the program. I will be traveling in an emergency vehicle at potentially high speeds. In addition, I may be traveling to places of danger, where there may be a risk of exposure to hazardous materials, passing vehicles, physical violence, exposure to blood and blood-borne diseases (including AIDS and hepatitis) or other circumstances that may result in injury or death to myself. I choose to participate in the program fully aware of these risks.

I fully understand that I am NOT to exit the vehicle I am riding in to accompany the member(s) unless told to do so by a member or emergency circumstances dictate that I leave the vehicle.

I affirm that I have never been convicted of a felony involving any sexual crime. I further affirm that I have not been convicted of any other felony under the laws of this State or of the United States within the last five (5) years. I understand that by signing this form, I authorize Ettrick-Matoaca Volunteer Rescue Squad to obtain my criminal or any other background information.

In consideration of my ride along application, I agree to conform to the squad's policies and procedures, and I understand that these policies/procedures, and/or forms/documents do not form a contract, either express or implied. I also understand that the ride along may be terminated or changed at any time, with or without cause or notice.

I expressly agree to the Application Certification and Acknowledgment above.

_____   _____

Signature of Applicant   *Date*

If applicant is under eighteen (18) years of age, signature of parent or guardian is required.

_____   _____

Signature of parent or guardian   *Date*

****** DO NOT WRITE BELOW THIS LINE. FOR SQUAD USE ONLY ******

ACTIVITY	DATE	COMMENTS
Date application was received		
Date applicant contacted regarding ride along		
Date applicant is scheduled for ride along		
Date & shift in which applicant rode along with the duty crew.		

MISCELLANEOUS INFORMATION & COMMENTS