



Shenandoah County Department of Fire & Rescue

Ride-A-Long

Section A

Applicant Name: _____ Date: ___/___/___

Applicant Address: _____

Phone: _____ DOB: _____

Fire / Rescue Affiliation: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

The applicant desires to participate as: (Check One)

Observation Only

Operational

I, _____ on behalf of myself, my heirs,

Applicant's Printed Name

successors, and assigns, do hereby release Shenandoah County and its agents, officers, and employees of all responsibility relating to any injuries and accidents which I may be involved in while participating in an authorized ride along program of the Shenandoah County Department of Fire and Rescue. Furthermore, I have read, understand and agree to abide by Shenandoah County Fire-Rescue SOG 7.16.

Applicant's Signature: _____

Guardian's Signature: (if under 18) _____

Section B

The following section and information is required for Operational Applicants:

Applicant's highest certification: EMS _____

FIRE _____

HAZ-MAT _____

EVOC _____

I, _____ confirm that the above indicated certifications

Volunteer Chief Officer's Printed Name

are valid and recommend this applicant be allowed to ride with SCFR units as an operational provider.

Volunteer Chief Officer's Signature: _____

Shenandoah County Fire Rescue Staff: _____

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