



BALTIMORE COUNTY FIRE DEPARTMENT OBSERVATIONAL RIDE-ALONG PROGRAM APPLICATION

Name: _____ DOB: _____

Address: _____

Primary Phone: _____ E-Mail: _____

Have you ever been convicted of any of the following?

Felony crime, violent crime, sex crime, identity theft, or privacy law breaches: YES NO

If yes, you may be denied access to a Ride-Along, you are permitted to a secondary review upon request.

Do you have any conditions that may impede your ability to safely participate as a ride-along? YES NO

If yes, explain: _____

Optional Questions: Gender: _____ Race: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____ Relationship: _____

Have you ever participated in a ride-along with this or any other fire department or EMS agency? YES NO

If yes, date of most recent ride-along: _____ Agency: _____

Reason for the request to ride-along in Baltimore County: STUDENT/FACULTY OTHER (explain below)

Explain: _____

PROVIDE THREE DATES AND TIMES OF DAY YOU ARE AVAILABLE. ALLOW AT LEAST THREE WEEKS FOR APPROVAL AND NOTIFICATION. DATES AND TIMES REQUESTED CANNOT BE GUARANTEED.

1) _____ 2) _____ 3) _____

NOTE: Ride-alongs will be scheduled for either day shift (0700-1700 hours) or night shift (1700-2300 hours). Actual start and end times may deviate based on operational demands.

I, THE UNDERSIGNED, HAVE READ THE PROGRAM RULES AND PARTICIPANT PROHIBITIONS INCLUDED WITH THIS APPLICATION. I AGREE TO ABIDE BY THE PROGRAM RULES, AND PARTICIPANT PROHIBITIONS AND TO HAVE MY RIDE-ALONG SESSION TERMINATED AT ANY TIME SHOULD I VIOLATE THEM.

(APPLICANT SIGNATURE)

(DATE)

**FIRE DEPARTMENT USE ONLY
TO BE COMPLETED BY SAFETY DIVISION:**

Ride-Along Release, Waiver of Liability and Indemnification Agreement, signed? YES NO

APPROVED - Type: Observational Clinical

NOT APPROVED - Justification for denial shall be documented on a form 58 and maintained as part of the application file

Authorizing Signature: _____ ID#: _____ Date: _____

Date and time of ride-along: _____

Rider will report to: (person, station assignment and station phone number): _____
