





















RIDE-ALONG AUTHORIZATION FORM

The undersigned individuals have requested that authorization be given to permission to complete a "Ride-Along" program and agree to comply with the policies established in Standard Operating Procedure 1.4.03.

THIS SECTION TO BE COMPLETED BY PERSON REQUESTING RIDE-ALONG						
Name:		Date Of Birth:	/ / <u>.</u>			
Address:						
Contact Telephone:		E-Mail Address: _				
	/ Relationship:					
	hone:					
Reason For Ride-Along (C	Circle One): CLINICAL PRE	CEPTING INTERESTED	IN JOINING			
Aganay / Sahaal Banrasan	EMPLOYMENT					
	ting:					
Level Precepting At:						
-	epartment's mandatory HIPAA tra	_	e completed at hipaa.fcfrd.com)			
[] Duty Officer /	ide-Along (Check As Many As Ro	equested): [] Station 12 –	[] Station 13 –			
Battalion 10	Stephens City	Middletown	Clear Brook			
[] Station 14 – Gore	[] Station 15 – Round Hill Community	[] Station 16 – Gainesboro / ALS 1	[] Station 17 – Star Tannery			
[] Station 18 – Greenwood / ALS 2	[] Station 19 – North Mountain	[] Station 20 – Reynolds Store	[] Station 21 – Millwood Station			
Requested Date(s):	1 ST / /	2 ND / /	3 RD / /			
Date Range:						
PLEASE READ AND SI	GN THE FOLLOWING STAT	EMENT:				
I	do hereby release the Fr	ederick County Fire and Re	scue Department, its volunteer			
fire and rescue compant responsibility, relating to participation in the Ride-	ies, its members and agents, a any accident or injury, in whic Along Program. In addition, I Department and its volunteer fire	nd the County of Frederic ch, I might be involved or a agree to abide by all rules a	k from any and all liability / might suffer, as a result of my			
Printed Name:		Signature:				
Date:		Witness:				
Parent/ Guardian Name:	ont is under the age of 18)	Signature:				

THIS SECTION TO BE COMPLETED BY OPERATIONS DIVISION STAFF

Department Authoriza	epartment Authorization Signature						
Printed Name:		Signature:	Signature:				
Date:							
THIS SECTION TO BE COMPLETED BY TRAINING DIVISION STAFF							
Received by Training	Division Staff:		Date:				
Scheduled Date	Location	Preceptor / Supervisor	Notif	ication Sent To			
	1 1 0 1 1 16				Ī		

Scheduled Date	Location	Preceptor / Supervisor	Notif	Notification Sent To	
	[]10 []16 []11 []17 []12 []18 []13 []19 []14 []20 []15 []21		[] Chief	[] Supervisor	
	[]10 []16 []11 []17 []12 []18 []13 []19 []14 []20 []15 []21		[] Chief	[] Supervisor	
	[] 10 [] 16 [] 11 [] 17 [] 12 [] 18 [] 13 [] 19 [] 14 [] 20 [] 15 [] 21		[] Chief	[] Supervisor	