



Spotsylvania
 Volunteer Fire Department, Inc.
 PO Box 146
 Spotsylvania VA 22553



Observer Agreement (Civilian)

Name: _____ DOB: _____ Race: _____ Driver's License #: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Email: _____

This form is valid for a 30 day period _____ to _____. If you would like to ride-along more than a 30 day period another form must be filled out and filed.

I _____ agree to:
 (Observer)

1. Abide by all rules and regulations.
2. Under the HIPPA Act you must maintain absolute confidentiality of all medical, personal, and call information observed. Failure to do so is a federal violation and you can be held accountable.
3. Release SVFD and their members from any liability for loss, injury, or illness incurred by the observer while participating in the Observer Program.
4. I understand that my ride along needs to be scheduled with an officer of SVFD.
5. A criminal/sex offender police check will be completed by SVFD. We require the necessary data to submit the criminal background check, full name, social security #, data of birth, race and maiden name if applies.
6. As an observer you will remain with the driver/operator unless accompanied by an officer.
7. Must provide on transportation to and from the fire station.
8. Ride-a-longs may be done M-F 6pm-10pm, Sat-Sun 8am-10pm all visitors must be off property by 10pm per county policy.
9. Conform to the Dress Standards of blue jeans/work slacks, t-shirt having no logo unless related to SFVD and closed toe shoes.
10. Failure to comply with any of the above could result in disqualification of your application.

 Observer

 Date

 Company #

 Parent/Guardian (if under 18)

 Date

 Parent/Guardian Phone Number

 Witness

 Date

 Authorization of SVFD Officer

 Date

 Authorization of Chief Officer

 Date