



IOWA CITY FIRE DEPARTMENT

Application to Observe

Please read the attached policy prior to completing application to ensure eligibility.

Instructions: This form must be completed, including the Police record search, at least three working days prior to your requested date. Upon completion, please give this form to the Fire Department secretary. *It is your responsibility to contact the on-duty Captain at 356-5261 to schedule your participation in the ride-along program.*

Name: _____ Birthdate: _____

Address: _____ SSN#: _____

Telephone #: _____
(During normal business hours)

This form must be stamped by the Iowa City Police Department Records Division prior to its approval to ensure that the applicant has no arrest record that would preclude participation in this activity.

FOR ICPD RECORDS USE ONLY

Dates requested to ride: First Choice: _____ Alternate: _____ Alternate: _____

Apparatus preference? _____ Shift preference? _____

Reason for participation: _____

List any background in Emergency Services or related activities: _____

Policy exceptions requested and explanation: _____

(complete both sides)

Appendix No. GP-044-001



IOWA CITY FIRE DEPARTMENT

Release, Waiver of Liability and Confidentiality Agreement

That I, the undersigned _____, a private person, for and in consideration of the privilege of riding as a voluntary observer in a Fire Department vehicle of the City of Iowa City, Iowa, recognize and fully understand that Fire Department activity involves inherent dangers and risk of injury, including death, do hereby agree to assume all risks, both foreseen and unforeseen, attendant to such Fire Department activity, including motor vehicle accidents on either public streets or private property, and do hereby release and hold harmless the City of Iowa City, the Iowa City Fire Department, its agents and employees, in both their public and private capacities, from any and all liability, claims, suits, demands, or causes of actions which may arise from riding as a voluntary observer on a Fire Department vehicle including injury or death which may result or be caused by another person while responding to a Fire Department call.

Furthermore, due to the nature and type of information disclosed to Fire Department personnel during the course of emergency response, voluntary observers may be privy to information and material which is legally private, confidential, and/or restricted from public disclosure. Such information includes personally identifiable health information (PHI), such as diagnosis, symptoms, manifestations, and any other medical information disclosed to Fire Department personnel in the course of their response. Voluntary observers agree not to disclose, discuss, or make available, either directly or indirectly, any such non-public information gained as an observer. Failure to follow this directive may result in legal action governed by the laws of the State of Iowa. Voluntary observers further acknowledge that any civil or criminal liability for such dissemination shall be the sole responsibility of the voluntary observer, and not subject to indemnification and/or defense by the City.

I have read and agree to the above-stated terms.

Signed this ____ day of _____, 20____

Name: _____

Address: _____

Phone: _____

Signature: _____

For persons under the age of 18: Parent Guardian

Signature: _____

(For Office Use Only)

Fire Chief/Officer-in-Charge: _____

Policy Exceptions/Comments: _____

Ride Schedule (Date):

1 st Ride Time	2 nd Ride Time	3 rd Ride Time	4 th Ride Time

(complete both sides)