























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 SECT	ION TO BE COMPLETED I	BY PERSON REQUESTIN	G KIDE-ALUNG	
Name:		Date Of Birth:		
Address:				
Contact Telephone:		E-Mail Address:		
Emergency Contact Name	/ Relationship:			
Emergency Contact Teleph	one:			
Reason For Ride-Along (Ca	ircle One): CLINICAL PRE	CEPTING INTERESTED IN	N JOINING	
	EMPLOYMENT	OTHER		
Agency / School Represent	ing:			
	g.			
	de-Along (Check As Many As Re			
[] Duty Officer / Battalion 10	[] Station 11 – Stephens City	[] Station 12 – Middetown	[] Station 13 – 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:		2 / /		
DI FACE DEAD AND CI	GN THE FOLLOWING STATI	ZMENT.		
fire and rescue companion responsibility, relating to participation in the Ride-A	do hereby release the Frees, its members and agents, as any accident or injury, in which Along Program. In addition, I department and its volunteer fire	nd the County of Frederick ch, I might be involved or mi agree to abide by all rules and	from any and all liability / ght suffer, as a result of my	
Printed Name:		Signature:		
Date:	_	Witness:		

Department Authorization Signature Printed Name: ______ Signature: ______ Date: _____

THIS SECTION TO BE COMPLETED BY OPERATIONS DIVISION STAFF

THIS SECTION TO BE COMPLETED BY TRAINING DIVISION STAFF

Received by Training Division Start.	Received by Training Division Staff:		Date:	
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Scheduled Date	Location	Preceptor / Supervisor	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