



RIDE-ALONG/OBSERVER STATEMENT OF PURPOSE

I, _____, wish to make clear my reasons for seeking a ride-along opportunity with North Whatcom Fire and Rescue (NWFR).

I anticipate riding/observing for _____ (i.e., one day, one week, etc.) for the purpose of _____ (i.e., Fire/EMS familiarization, NWFR familiarization, other).

It is my responsibility to amend this statement if my length of ride-along or intended purpose should change.

I agree to follow all directions given to me by NWFR personnel and supervisors, and I understand that my ride-along may be terminated unilaterally by NWFR at any time.

I understand that information and actions observed during medical incidents are considered protected health information and are confidential. I will not disclose any information observed during confidential medical incidents to any third parties.

Signature _____
(Observer)

Date _____

Address: _____

Phone: _____

Signature _____
(Training Captain)

Date _____