
Ames Fire Department Standard Operating Guidelines

Book: 2 – Routine Operations

Section: IV – Public Education

Chapter: 1 – **Observer Program**

Date Approved: 05-21-2013 Revision No.: New Approved by: 

Review Date: 2016

PURPOSE:

The purpose of this policy is to set guidelines for non-Ames Fire Department personnel to observe the operations of the Ames Fire Department. The Ames Fire Department recognizes that occasionally people express interest in observing the operations of our Fire Department. Some are interested in becoming emergency service workers; some are involved in educational research, while others are simply interested in the activities of the Ames Fire Department.

POLICY:

Interested persons wanting to ride with the Ames Fire Department as an observer fall into one of two categories: Ride Along and Job Shadow.

- A Ride Along must be at least 18 years of age, have a valid photo ID, and meet one or more of the following criteria:
 - Currently enrolled in a college level Fire Science Program
 - Active Story County emergency responder
 - Currently on a certified Civil Service list for the Ames Fire Department,
 - Have written approval from the Fire Chief
- A Job Shadow must be at least 14 years of age

All riders must complete and sign an Ames Fire Department *Rider Request Form*, *Rules of Conduct Form*, and a *Waiver and Release of Claims and Indemnity Agreement*.

PROCEDURE:

Dress

Observers are required to dress appropriately, including:

- Dark pants
- Closed toes shoes
- Plain shirt/blouse appropriate for the season, without pictures or words.
Exceptions include any regionally accredited school-approved uniform or outside department-approved uniform.
- A City of Ames “observer” identification

Shift Commander Duties

- The on-duty Shift Commander will determine the station and apparatus placement of the observer, in most cases attempting to limit riders to no more than one rider at any one time on any piece of apparatus.

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- The on-duty Shift Commander has the ability to refuse any observer's privileges based on inappropriate dress (e.g., open-toed shoes, plaid shirt, etc.), time requested (e.g., interference with fire department events, etc.), or offensive body art.
- The Shift Commander or observer may terminate an observer's participation at any time.
- The Shift Commander has the authority to approve extensions of the typical 12-hour time frame for a Ride Along, but it should not involve an overnight stay.
- The Shift Commander has the authority to approve extensions of the typical 3-hour time frame for a Job Shadow, but it should not involve an overnight stay.

Privacy

- The use of personal picture capturing/recording devices require prior authorization from the Fire Chief or his/her designee.
- Any and all personal information regarding fire/EMS cases or other incidents including names, medical history, and statements overheard or ascertained will remain confidential in compliance with federal HIPAA regulations.

On Scene

Observers will not be asked to participate in emergency scene activities, and only exit the Fire Department vehicle in which they are riding with officer permission.

Travel

Observers are responsible for their own transportation to and from the Fire Department.

REFERENCES:

[Ames Fire Department Job Shadow Request Form](#)

[Ames Fire Department Personnel Ride Along Report](#)

[Ames Fire Department Ride Along Request Form](#)

[Ames Fire Department Rules of Conduct Form](#)

[City of Ames Fire Department Waiver and Release of Claims and Indemnity Agreement](#)

Ames Fire Department Observer Program's Rules of Conduct

The Ames Fire Department recognizes that occasionally non-Ames Fire Department personnel express interest in observing the operations of our fire department. Some are interested in becoming emergency service workers, some are involved in educational research, while others are simply interested in the activities of the Ames Fire Department.

Interested persons wanting to ride with the Ames Fire Department as an observer fall into one of two categories: Ride Along and Job Shadow.

- A Ride Along must be at least 18 years of age, have a valid photo ID, and meet one or more of the following criteria:
 - Currently enrolled in a college level Fire Science Program
 - Active Story County emergency responder
 - Currently on a certified Civil Service list for the Ames Fire Department
 - Have written approval from the Fire Chief
- A Job Shadow must be at least 14 years of age

All riders must complete and sign an Ames Fire Department *Rider Request Form*, *Rules of Conduct Form*, and a *Waiver and Release of Claims and Indemnity Agreement*.

Dress

Observers are required to dress appropriately, including:

- Dark pants
- Closed toes shoes
- Plain shirt/blouse appropriate for the season, without pictures or words.
Exceptions include any regionally accredited school-approved uniform or outside department-approved uniform.
- A City of Ames "observer" identification

Travel

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Privacy

- The use of personal picture capturing/recording devices require prior authorization from the Fire Chief or his/her designee.
- Any and all personal information regarding fire/EMS cases or other incidents including names, medical history, and statements overheard or ascertained will remain confidential in compliance with federal HIPAA regulations.

Ames Fire Department Observer Program's Rules of Conduct

Additional Information

- The on-duty Shift Commander will determine the station and apparatus placement of the observer, in most cases attempting to limit riders to no more than one rider at any one time on any piece of apparatus.
- The on-duty Shift Commander has the ability to refuse any observer's privileges based on inappropriate dress (e.g., open-toed shoes, plaid shirt, etc.), time requested (e.g., interference with fire department events, etc.), or offensive body art.
- The Shift Commander or observer may terminate an observer's participation at any time.

Rider's Signature: _____ Date: _____

Signature _____ Date: _____

Parent/Legal Guardian's Authorizing Signature (If the child is under 18 years of age)

Ames Fire Department
Ride Along Request

Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Reason for participating in Ride Along: _____

In case of emergency, contact:

Name: _____

Address: _____

Phone Number: _____

Dates & Time Requested to Ride Along:
(Monday through Friday, 8:00 A.M. – 8:00 P.M.)

First Choice: _____

Alternate Choice: _____

Signature: _____

(For Official Use Only)

Date Received: _____

Approved: Yes / No

If Yes, Approved Ride Along Date & Time: _____

Waiver and Release of Claims and Indemnity Agreement Complete: Yes / No

Ames Fire Department Observer Program's Rules of Conduct Complete: Yes / No

Approved By:

Ames Fire Department
Job Shadow Request

Today's Date: _____

Job Shadow's Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Reason for participating in Job Shadow: _____

Parent/Legal Guardian's emergency contact information:

Name: _____

Address: _____

Phone Number: _____

Dates & Time Requested to Job Shadow:
(Monday through Friday, 8:00 A.M. – 5:00 P.M., up to a 3 hour time slot e.g. 8 -11 A.M.)

First Choice: _____

Alternate Choice: _____

Parent/Legal Guardian's Authorizing Signature

(For Official Use Only)

Date Received: _____

Approved: Yes / No

If Yes, Approved Ride Along Date & Time: _____

Waiver and Release of Claims and Indemnity Agreement Complete: Yes / No

Ames Fire Department Observer Program's Rules of Conduct Complete: Yes / No

Approved By

Ames Fire Department

Observer Report

For Official Use Only

Date of Ride: _____

Ride Along or Job Shadow (Circle one)

Name of Ride Along: _____

Date of Birth: _____

Sex: M / F

Assigned to: _____

Shift# _____

Station # _____

Rider's business, occupation, or name of school: _____

Special medical information or services requested: _____

Ride Along Scheduled by: _____

Note any unusual activities which might be of later significance, such as reactions by citizens to the rider, comments of the rider, or other concerns you feel were significant: _____

Did the observer interfere with your duties? YES / NO

If so, how?

Lieutenant Signature & Date

THE STATE OF IOWA
CITY OF AMES, IOWA

**WAIVER OF LIABILITY RELEASE, INDEMNIFICATION
AND HOLD HARMLESS AGREEMENT**

KNOWN ALL MEN BY THESE PRESENTS:

That I, the undersigned _____, a private person, for an in the sole consideration of the privilege of riding as a guest of the Ames Fire Department during the period from _____ to _____, and recognizing that fire department activities involves certain inherent dangers and risks to persons and property, do hereby agree to assume the risks and dangers attendant to such activity, including but not limited to: damage to my property and/or personal injury to me as a result of motor vehicle accidents or motor vehicle collisions on either public streets or private property; damage to my property and/or personal injury to me resulting from the acts of third parties whether caused by errors, omissions, or negligent acts of said third parties to myself; damage to my property and/or personal injury to me resulting from my own activities, errors, omissions, or negligent acts; property damage and/or personal injury to others resulting from my own activities, errors, omissions or negligent acts.

I hereby waive all claims, release, indemnify, defend and hold harmless the City of Ames and all of its Officials, Officers, Agents, Employees, in both their public and private capacities from any and all liabilities, claims, suits, demands, expense of litigation, or causes of action which may arise by reason of injury to myself, other persons, or loss of, damage to, or loss of use of any property occasioned by error, omission, or negligent act of myself or any other person, including but not limited to Ames Firefighters, in all situations contemplated by the terms and conditions hereof and I will at my own cost and expense defend and protect the City of Ames against any and all such claims and demands.

I hereby agree to indemnify, defend and hold harmless the City of Ames and all of its Officials, Officers, Agents, and Employees from and against any and all claims, losses, damages, causes of action, suits, and liability of every kind, including all expenses of litigation, including but not limited to court costs and attorney's fees for the death of, or injury to any person or for loss of, damage to, or loss of use of any property arising out of any and all activities contemplated by this Agreement. Such indemnity shall apply whether the claims, losses, damages, causes of action, suits, or liability, arise in who or in part from the negligence of the City of Ames, its Officers, Officials, Agents, or Employees. IT IS THE EXPRESS INTENTION OF THE PARTIES HERETO, BOTH MYSELF AND THE CITY OF AMES THAT THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH IS INDEMNITY BY THE UNDERSIGNED TO INDEMNIFY AND PROTECT THE CITY OF AMES'S OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONCURRING CAUSE OF THE INJURY, DEATH OR DAMAGE.

It is further agreed that the execution of this "Waiver of Liability", release, indemnification, and "Hold Harmless Agreement" will not constitute a waiver by the City of the defense of governmental immunity where applicable or any other defense provided by statutes of the State of Iowa or recognized by the courts of the State of Iowa.

The above named individual, _____, by his/her signature hereto, does request permission and authorization to ride as a guest observer with the Ames Department for the purpose of _____. He/she has read the Ames Fire Department's Rider Program's Rules of Conduct and agrees to abide by them.

Signed, this the ___ day of _____ 20____. Parent or Guardian if observer is under 18
Signature: _____ Signature: _____
Address: _____ Address: _____
Telephone # _____ Telephone # _____
Authorizing Supervisor: _____
Requested Ride Date: _____, Time: _____

TO BE COMPLETED BY SHIFT COMMANDER

Station Assignment: _____ Shift Assignment: _____ Lieutenant Assignment: _____
Date & Time of Rider: _____ Comments: _____
