



# Phoenix Fire Department

## Ride-Along Request Form



(M.P.107.02)

**FOR ALL REQUESTS:** Please read and sign the WAIVER AND RELEASE OF ALL CLAIMS. By submitting this form, you acknowledge that you have read and understand the meaning of this waiver and release of all claims. All completed forms should have a **hand drawn digital signature or an ink signature (not a typed signature)** and be returned to Phoenix Fire Department, Fire Investigations, 150 S. 12th St., Phoenix, AZ 85034. Forms can also be submitted electronically to [pdf.n.fireinvestigations@phoenix.gov](mailto:pdf.n.fireinvestigations@phoenix.gov). Incomplete forms will result in a processing delay. For questions, please contact Fire Investigations at 602-262-6774.

**To request a Ride-Along:** **You must be 18 years or older.** Complete the form below. If you are a member of the general public and not requesting the Ride-Along as part of the hiring process, please check the box "General Public Request" and indicate the reason for your Ride-Along.

If you are participating in the Ride-Along as part of the hiring process, check the box "Hiring Process", and indicate the Affinity Group or Firefighter who you are working with. If you do not have anyone assisting you, please check the box "Requesting Assistance From Recruiting". Someone from the Recruitment team will reach out to assist you with scheduling.

### Application Information: Please Print Legibly

Name (Full Legal Name)	Phone Number:	Today's Date:
Street Address:	City:	Email Address:
Birthdate: mm/dd/yyyy	Driver's License Number:	Driver's License State:

**PLEASE INDICATE WHETHER YOU ARE:**

- General Public Request. **Must be 18 years or older**
- Hiring Process
- Requesting Assistance From Recruiting
- Curious About the Fire Department

Reason for Ride-Along:	Preferred Station (if applicable)	<input type="checkbox"/> Pick the station for me
	Preferred Date:	Time:

**If you are associated with an Affinity Group, Firefighter, or PFD Station please provide the name below.**

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**City of Phoenix**

*City of Phoenix Fire Department*

*Ride-Along Program*

**Waiver and Release of All Claims**

***This form must be completed, submitted and approved prior to participation***

I, (please print) \_\_\_\_\_, the undersigned, in exchange for being allowed to participate in a Ride-Along program with the Phoenix Fire Department (“PFD”), agree to waive, release and forever discharge any and all claims, rights and causes of action against the City of Phoenix, its officers, officials, employees, agents and volunteers (“City”) for injury or damage caused or alleged to be caused in whole or in part by the City. I understand this means that I will not make any claims against or sue the City of Phoenix, its agents or employees for injuries or damage sustained by me. I recognize that this means I will not recover any money from the City of Phoenix, its agents or employees, for injuries or damage sustained by me.

**Risks of Participation:** I am aware that it is inherently dangerous to ride along with the PFD, tour a Fire Station and accompany PFD personnel in the performance of their duties; I am voluntarily participating in these activities with full knowledge of the danger involved. While participating in the Ride-Along Program, I acknowledge that I may be subject to inherently dangerous activities, including but not limited to risks and dangers of serious bodily injury, including permanent disability, paralysis, death and property damage. Such risks are created by transport in PFD vehicles or my presence at fire stations or emergency incidents of various kinds, and arise from potential exposure to vehicle collisions and incidents, explosions, fires, hazardous materials, exposures to infectious diseases which may be fatal and incurable, falls, structural collapse of buildings or other structures or objects, the operation of heavy machinery, the actions of members of the PFD or members of the public, riot or civil unrest. I further understand that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of other participating in PFD operations and programs, or the negligence of City, its officers, employees and agents. I fully understand and agree that there may be other risks not known to me or that are not foreseeable at this time, and that the social and economic losses and/or damages that could result from these risks could be severe.

**Standard of Conduct:** I further agree that while participating in the Ride-Along Program I will follow all instructions, orders, rules, and regulations concerning my participation. I understand that PFD may terminate my participation in the program at any time for any reason. I certify that I am physically capable of participating in this activity and I have the necessary degree of skill, training, experience or ability to participate at the level I choose. I do not expect the City to coach, manage, instruct, or train me.

**Confidentiality:** As a participant in PFD’s Ride Along Program, I understand that I am specifically prohibited from discussing individual patients, their treatment, and any other information that could be utilized to identify these patients with anyone except those departmental personnel who accompany me. Any disclosure of patient information as detailed above may subject me to civil and/or criminal penalties as prescribed by law, including the Health Insurance Portability and Accountability Act (HIPAA). I understand and agree to keep all information obtained in the station or while accompanying PFD personnel confidential. I further agree not to photograph, videotape or record any Emergency Medical Services patient, person whose residence is involved in a fire, or the inside of any private property. Any exceptions for those holding film permits from the City of Phoenix must be specifically authorized in writing.

**Background Check:** Approval to participate in this program of the Phoenix Fire Department is contingent upon the results obtained through a criminal background check. In signing below, I hereby authorize and agree that a background check will be performed prior to participation. For that, I understand that I may be required to provide my full name, date of birth, gender, driver's license number, and last four digits of my social security number. I further understand that any decision made by the Phoenix Fire Department Security Manager, Executive Staff, or Command Officers regarding my participation is final and that my participation may be canceled at any time by PFD employees without cause or notice.

**Waiver and Release of Claims:** I have carefully read this agreement and fully understand its contents. I am aware that I am assuming all risks of this activity, that I am holding the City harmless from all claims, and that I am releasing the City from all liability arising out of my participation. I understand and expressly agree that this waiver and release of all claims is intended to be as broad and inclusive as permitted by the laws of Arizona. If any portion of this waiver is held invalid, I agree that the remainder shall continue in full force and affect.

**Consent to Do Business by Electronic Means:** If this signed form is delivered via e-mail or other electronic means, I consent to do business and enter into binding agreements electronically and intend for my signature to have the same force and effect as an original written signature executed in person.

*Hand Drawn Digital Signature or Ink Signature ONLY* - Acknowledging Receipt and Understanding of the Waiver:

***(Typed Signatures will not be accepted)***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date completed form received:	Received by:
Date background check complete:	Date email sent:
Notes:	