



WILLIAMSPORT BUREAU OF FIRE
440 Walnut Street
Williamsport, Pa. 17701
Phone 570-327-1602
Fax 570-327-1536
Email: Fire@cityofwilliamsport.org

WILLIAMSPORT BUREAU FIRE RIDE ALONG APPLICATION

TO: RIDE ALONG APPLICANT

SUBJECT: ATTACHED FORMS

PLEASE COMPLETE THE ATTACHED PAPERWORK FOR THE RIDE-ALONG PROGRAM AND RETURN IT TO THE WILLIAMSPORT BUREAU OF FIRE OFFICE AT LEAST TWO (2) WEEKS IN ADVANCE BEFORE THE DATE YOU WISH TO RIDE-ALONG.

THE FIRE CHIEF WILL THEN REVIEW THE APPLICATION AND YOU WILL BE CONTACTED TO CONFIRM THE DATE AND TIME OF THE RIDE-ALONG.

IF YOU SHOULD HAVE ANY QUESTIONS, PLEASE CONTACT RENEE SMITH AT (570) 327-1602, MONDAY THROUGH FRIDAY FROM 0800HRS TO 1600HRS.



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KNOW ALL MEN BY THESE PRESENCE, THAT I _____
ON MY BEHALF AND FOR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ESTATE AGENTS AND ASSIGNS, AND REPRESENTATIVES OF ANY NATURE AT ALL, FOR AND IN CONSIDERATION OF THE AUTHORIZATION AND PERMISSION TO ACCOMPANY FIRE FIGHTERS OR ANY FIRE FIGHTER OF THE WILLIAMSPORT BUREAU OF FIRE DURING THE COURSE OF THEIR DUTIES, WHICH HAVE BEEN GRANTED TO ME AT MY VOLUNTARY REQUEST, AFTER HAVING BEEN ADVISED OF THE POTENTIAL HAZARDS OF ACTIVITY, DO HEREBY **WAIVE AND RELEASE** ALL DEMANDS, DAMAGES, ACTIONS, CAUSE OF ACTION, SUITS AND CLAIMS OF ANY NATURE AT ALL, WHETHER IN LAW OR IN EQUITY, THAT I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ESTATE, AGENTS AND ASSIGNS, AND MY REPRESENTATIVES OF ANY NATURE WHATSOEVER MIGHT OTHERWISE HAVE AGAINST THE CITY OF WILLIAMSPORT, BUREAU OF FIRE, EACH AND EVERY FIRE FIGHTER AND HIS AND HER HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ESTATE, ON ACCOUNT OF MY DEATH OR INJURIES, BOTH TO PERSON AND TO PROPERTY WHILE ENGAGED IN THIS ACTIVITY.

FURTHER, I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF WILLIAMSPORT, THE WILLIAMSPORT BUREAU OF FIRE AND IT'S INDIVIDUAL FIRE FIGHTERS, THEIR HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, FROM ALL LIABILITY, COST AND EXPENSES ARISING OUT OF INJURY OR DAMAGE SUFFERED BY ME AS A RESULT OF ACCOMPANYING AN FIRE FIGHTER OF THE WILLIAMSPORT BUREAU OF FIRE, AS SET FORTH HEREIN.

IT IS EXPRESSLY AGREED AND UNDERSTOOD THAT THIS **WAIVER AND RELEASE** SHALL APPLY FOR THE EXPRESS PURPOSE OF PRECLUDING FOREVER ALL CLAIMS, SUITS, DEMANDS, DAMAGES AND CAUSE OF ACTION THAT I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ESTATE, AGENTS, ASSIGNS AND REPRESENTATIVES OF ANY NATURE WHATSOEVER MIGHT OTHERWISE ASSERT AGAINST ANY OF THE AFORESAID PARTIES AS A RESULT OF MY ASSOCIATION AND ACTIVITIES WITH THE WILLIAMSPORT BUREAU OF FIRE.

I HEREBY DECLARE THAT THE TERMS OF THIS **WAIVER AND RELEASE** HAVE BEEN FULLY READ AND UNDERSTOOD BY ME, AND I HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT. IN FURTHER CONSIDERATION OF THE AFORESAID, AUTHORIZATION AND PERMISSION GRANTED TO ME TO ACCOMPANY AN FIRE FIGHTER OR FIRE FIGHTERS OF THE WILLIAMSPORT BUREAU OF FIRE, AT MY OWN REQUEST, I HEREBY PROMISE AND AGREE TO FULLY COMPLY WITH ALL INSTRUCTIONS GIVEN TO ME FOR THE PURPOSE OF PROTECTING MY PERSONAL SAFETY AND THAT OF MY PROPERTY.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL THIS

_____ DAY OF _____, 20_____.

SIGNATURE _____ NOTARY

WITNESS _____



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THE UNDERSIGNED IS A DULY AUTHORIZED REPRESENTATIVE OF

_____ **BUSINESS/SCHOOL/FIRE COMPANY**

AND _____ AGREES TO BE BOUND BY THE
CIVILIAN'S NAME
ATTACHED **RIDE-ALONG WAIVER** AND THAT _____ HAS
CIVILIAN'S NAME
POLICY/POLICIES OF INSURANCE TO COVER ANY SAID LOSS.

FURTHERMORE, THE UNDERSIGNED HAS AGREED TO ALLOW THE WILLIAMSPORT BUREAU OF FIRE TO PERFORM A CRIMINAL HISTORY CHECK ON HIM/HER.

CILIVIAN INFORMATION:

DATE: _____
NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE NUMBER: _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

INSURANCE INFORMATION: INCLUDE NAMES OF ALL COMPANIES AND POLICY NUMBERS OR ATTACH A COPY OF INSURANCE CARDS.

ATTACHMENTS: INCLUDE A BRIEF STATEMENT ON WHY YOU WOULD LIKE TO "RIDE-ALONG" AND HOW IT WOULD BENEFIT YOU IN THE FUTURE.

ATTACH A COPY OF A RECENT PHOTO I.D AND MEDICAL INSURANCE CARD. IF YOU ARE A JUNIOR FIREFIGHTER, YOU MUST INCLUDE A LETTER FROM YOUR FIRE CHIEF INDICATING THAT YOU WILL BE COVERED UNDER THEIR INSURANCE.

SCHEDULE: PLEASE INDICATE BELOW, THE DATE AND TIME (TO & FROM) YOU WOULD LIKE TO RIDE:
MORNING - 0800-1800 HOURS
NO night time ride-alongs are permitted

DATE _____ TIME _____

SIGNATURE: _____

DATE: _____

FIRE FIGHTER OF RIDE ALONG



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DEAR OBSERVER,

THE WILLIAMSPORT BUREAU OF FIRE HOPES THAT YOUR “RIDE-ALONG” HAS BEEN INFORMATIVE, ENLIGHTENING AND HAS GIVEN YOU AN INSIGHT INTO THE FIRE SERVICE, YOUR FIRE FIGHTERS AND YOUR COMMUNITY.

I WELCOME ANY COMMENTS, POSITIVE OR NEGATIVE THAT YOU CARE TO MAKE.

SINCERELY,

TODD C. HECKMAN

OBSERVER’S RIDE-ALONG COMMENTS:

DATE: _____

NAME OF RIDER: _____

AGE: _____

WHAT IMPRESSED YOU THE MOST?

- I. IN WHAT WAY DID THIS EXPERIENCE AFFECT YOUR ATTITUDE?
- II. RELATE ANY SUGGESTIONS FOR, OR CRITICISMS OF THE PROGRAM.

OBSERVER’S SIGNATURE _____