



Monterey County Regional Fire District
19900 Portola Drive
Salinas, California 93908
(831) 455-1828 FAX (831) 455-0646

Ride Along / Station Visit Program Request

To participate in the MCRFD Ride Along or Station Visit Program, you must be at least 16 years of age. Minors must have a release form signed by parent/guardian and must be in good health. Participants must dress neatly and conservatively. No firearms, cameras or recording devices will be allowed. Alcoholic beverages and/or drug use is prohibited. A Liability Waiver must be signed prior to participating in this program.

Personal Information

Full Name (Last, First, Initial): _____
Date of Birth: _____
Residence address: _____
Mailing address (if different than above): _____
Home Phone: (____) _____ Work Phone: (____) _____
Email: _____

General Information

Date Requested: _____ Times: _____(am/pm) to _____(am/pm)
Preferred Station or Area (if any) _____
Preferred day(s) of Week: _____
Age of Participant: _____ Parent/Guardian Signature: _____
(if minor)

Purpose of Visit

Please check all that apply.

- I am a student (EMT / Paramedic / Fire Academy)
- I am exploring a career in Fire or EMS
- I am a community member.
- I am interested in District operations or public education.
- Other: _____

Employment/School

Name: _____
Address: _____

Desired Experience

Which option best matches your interest?

- Station Visit (1-2 hours) – meet personnel, tour apparatus, learn about operations.
- Standard Ride-Along (0900-1600 hrs.) – Observe daily operations and emergency response.
- 24-hour Ride-Along (Captain approval required) – extended observation for advanced students or candidates

Please Explain your goals for this experience:

Prior Experience

Have you previously participated in a ride-along or similar program?

- Yes (describe) _____
- No

List any current certifications (First Responder, EMT-B, Paramedic, etc.)

Health and Safety Considerations

Do you have any medical conditions, allergies, or physical limitations the crew should be aware of?

- No
- Yes (Describe) _____

Emergency Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

For Office Use Only

Reviewing Chief Officer: _____ Date Application was submitted: _____

Station/Shift: _____ Co. Officer: _____ Yes, request granted No, request denied

Notified Company Officer of Scheduled Ride Along Chief Officer's Signature: _____



HOW DOES THE RIDE-ALONG PROGRAM WORK?

A Ride-Along Participant Application form and a Release of Liability form must be completed, signed, and submitted to the Administration Building. You will be notified if your request has been approved or denied.

Ride-Along program hours shall be limited to 0900 – 1600 Hrs. For participants 18 years of age and older, a 24-hour ride-along may be approved on a case-by-case basis by the on-duty captain. This option is intended for qualified participants who may benefit from an extended shift to support training or recruitment goals. Appropriate dress is required: long pants, a navy-blue shirt, and closed-toe shoes. Clothing shall not display graphics, writing, or artwork, except for small brand logos. Participants should bring money for meals and snacks. Additionally, participants are encouraged to bring a positive attitude, ask plenty of questions, and be prepared for a unique experience.

Participants will be given the opportunity to provide an evaluation of their experience. Additionally, an evaluation of the participant will be provided at the conclusion of the ride-along.

GENERAL GUIDELINES

The following are general guidelines, although some exceptions may be granted at a chief officer's discretion:

- The program allows interested citizens, media, EMT students, and prospective hires to Ride-Along as observers with MCRFD personnel for legitimate civic, educational, and employment reasons.
- Participants must be at least 18 years old (16 with parent/guardian consent).

RULES OF CONDUCT

All participants are required to sign a release of liability waiver.

A criminal record may be cause for a ride-along application to be denied.

A participant will be briefed on rules and expectations by the company officer of the station where participant will be doing the ride-along.

Due to Constitutional "right to privacy" and HIPAA laws, a participant will not be allowed to electronically record any responding emergency calls.

Firefighters have an inherently dangerous job, and the safety of the ride-along participant is paramount. If the company officer feels the situation at hand is not conducive to the safety of the participant, he/she may be asked to stay in the vehicle, or arrangements made to have the participant transported from the scene by another member of the Department. While Department members will look out for the participant's safety, the ultimate responsibility for staying safe lies with the participant.

CONTACT INFORMATION

For an application, visit the Monterey County Regional Fire District's Administration Building located at 19900 Portola Drive, Salinas, CA. Ride-Alongs will be scheduled as far in advance as possible with a minimum of two weeks (14 days) between scheduling and the actual Ride-Along to facilitate processing of paperwork, Chief Officer approval, and company/station preparation.

Have you ever wondered what it would be like to be a firefighter? Are you interested in learning more about how a fire agency operates? Are you considering a career in the fire service?

If you have ever asked yourself any of these questions, The Monterey County Regional Fire District Ride-Along Program may be for you.

WHAT IS THE RIDE-ALONG PROGRAM?

The Monterey County Regional Fire District offers residents an exciting, firsthand opportunity to experience what it is like to be a firefighter. The program allows participants to learn how MCRFD operates by spending the day at a fire station, responding to emergency calls on fire apparatus or ambulances, and accompanying firefighters in their daily activities.



DECLARATION OF ASSUMPTION OF RISK AND RELEASE OF LIABILITY
(Read this document in full before signing)

I, _____, voluntarily request to participate in the Monterey County Regional Fire District Ride-Along Program. I am ____ years old and am not a member of the Fire District.

I understand that my participation may include riding in a Fire District vehicle, responding to emergencies, and observing firefighters performing their duties. I acknowledge that these activities involve inherent risks, including, but not limited to: fire, explosions, civil disturbances, electrocution, hazardous substances, vehicular accidents, and exposure to air- or blood-borne pathogens. I freely assume all such risks.

I agree to:

- Follow all instructions of the Station Officer In Charge and assigned crew members.
- Comply with all Fire District rules, orders, and regulations.
- Maintain appropriate conduct, hygiene, and dress.
- Not interfere with operations, equipment, or personnel.
- Refrain from photographing, recording, or publishing any information without permission.
- Accept that participation is voluntary and may be canceled or terminated at any time.
- Authorize emergency medical treatment if necessary.

In consideration of being allowed to participate, I release and hold harmless the Monterey County Regional Fire District, its officers, agents, and employees from any and all liability arising from my participation, except in cases of gross negligence or intentional misconduct.

I have read and understand this document and sign it voluntarily of my own free will. I declare under penalty of perjury that the information provided is true and correct.

Executed this ____ day of _____, in Monterey County, California.

Participant Signature: _____

Date: ____ / ____ / ____

Parent/Guardian Signature (if under 18): _____

Date: ____ / ____ / ____



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Evaluation of Ride Along Participant

Ride Along Participant Name: _____

Date of Ride Along: _____

Engine Company: _____

Check all that apply.

- Participated as an interested citizen wanting to observe the function and duties of a firefighter or Paramedic.
- Interested in a career in firefighting.
- Participated as a result for EMT/Paramedic Certification
- Member of another fire department.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Responsive to program. |
| <input type="checkbox"/> | <input type="checkbox"/> | Cooperative. |
| <input type="checkbox"/> | <input type="checkbox"/> | Interfered with duties of the firefighter or Paramedic. |
| <input type="checkbox"/> | <input type="checkbox"/> | Neatly dressed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Participant should be allowed to ride in the future. |

Additional Remarks: _____

Company Officer:

Date:

