



Observer Request Form

I, _____, request permission to observe the workplace activities and requirements of firefighters and/or other Valley Regional Fire Authority (VRFA) staff including, but not limited to, access to VRFA facilities and riding in a VRFA apparatus or staff vehicles.*

I prefer the following date and time:

Date: _____, 20____
Month/Day Year

Start Time: _____

End Time: _____

*Observer participation hours are between 8:00 AM & 9:00 PM
Requests may not exceed eight hours.*

Preferred VRFA Station Location: _____

If no preference, simply write-in 'Station #31'

The purpose of my visit is:

I request permission to observe the following, if available:

- Field operations including riding in VRFA response vehicles
- Observe training and routine daily activities
- Job shadow
- Other: _____

Observer Contact Information

Email: _____ Phone: _____

***Please sign/attach the [Waiver of Liability and Release](#) form to this document**

- For VRFA Use Only -

Received by VRFA Captain or BC (Print Name): _____

- I APPROVE this request.
- I DO NOT APPROVE this request. *Explain:* _____

Signature : _____ Date Signed: _____

Upon review:

- Designee will contact the observer to finalize their request and place the ride along request on the Operations Calendar
- Station Captain will go over the Orientation Checklist/Guidelines with observer on the day of the ride along



Participant Waiver of Liability and Release

Please sign & return with Observer Request form

I am fully aware of the special dangers and risk inherent in, but not limited to, observing Valley Regional Fire Authority (VRFA) personnel and riding in Valley Regional Fire Authority vehicles, including physical injury, death, or other consequences that may arise or result directly or indirectly from the activity. Being fully informed as to these risks and in consideration of the privilege of participating in the above described activity, I hereby assume all risk of injury, damage and liability and waive any right of recovery from or to bring suit against the Valley Regional Fire Authority for any personal injury, death, or other consequences arising out of my voluntary participation in the Observer Program, except for the sole negligence of the Valley Regional Fire Authority. No payment has been requested, given, or will be given to the Valley Regional Fire Authority or its agents should permission be granted. I also understand that in the event the vehicle in which I am riding becomes involved in an emergency response I may be directed to exit the vehicle - regardless of time of day or location, and I am willing to assume all responsibility for my transportation back to the fire station or a safe place. I assume responsibility for any and all harm that may befall me once I exit from the vehicle.

As a participant in the VRFA Observer program, you may become aware of confidential information to include protected health information (PHI) that is protected by law as confidential. Disclosure of PHI is protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Acknowledge that you have been advised of the HIPAA requirements by initialing next to each of the following points.

_____ PHI is any “individually identifiable health information” which includes information about an individual’s past, present or future physical or mental health condition; the provision of healthcare to an individual; or the past, present or future payment for the provision of healthcare to the individual.

_____ PHI includes information that identifies the individual or which can be used to reasonably identify the individual. Individually identifiable information includes many common identifiers such as name, address, birth date and social security number.

_____ HIPAA prohibits the unauthorized disclosure of PHI to anyone outside of the organization, whether oral, written, photographic, video or electronic.

_____ As a participant in the VRFA Observer program, I agree that I am required to comply with all confidentiality policies and practices both during and after my time spent observing the agency.

_____ I understand that the potential for civil penalties for unauthorized disclosure of PHI are \$100.00 for each violation, up to a maximum of \$25,000.00 for all violations. Criminal penalties can include one to 10 years of prison time with financial penalties ranging from \$50,000.00 to \$250,000.00 for violations knowingly committed under false pretenses or with intent to use PHI for malicious harm, personal gain or commercial advantage.



Valley Regional Fire Authority, 1101 D Street NE, Auburn, WA 98002

Main Office: 253-288-5800 • AskTheVRFA@vrfa.org

Participant Waiver of Liability and Release

Please sign & return with Observer Request form

_____ If I, at any time, knowingly or inadvertently breach these patient confidentiality policies, I agree to notify a VRFA supervisor immediately. In addition I understand that a breach of patient confidentiality may result in the immediate and permanent termination of my privileges to observe the work activities of the VRFA.

_____ **COVID-19 UPDATE:** I acknowledge that while participating in the ride along I will be required to wear a mask, regardless of Covid-19 vaccination status, while in the station and during the ride along.

I understand that this observation is a privilege and may be suspended at any time and for any reason by a VRFA supervisor. The VRFA is committed to doing what we can to meet your needs, but due to the nature of emergency operations we may not be able to meet your specific objectives or timelines. If this occurs we hope that you will consider rescheduling your visit.

Participant Printed Name

Signature of Participant

Date

Participant Address: _____

Participant Phone: _____

To Be Completed if Observer is Under the Age of 18:

I certify that I am the parent or legal guardian of the participant named above; that I have read and understood the foregoing release; and that I join in the release without reservation, granting full consent and authorization for the above named person to participate in the activity including but not limited to observing Valley Regional Fire Authority personnel and riding in Valley Regional Fire Authority vehicles.

Parent/Legal Guardian Printed Name

Signature of Parent/Legal Guardian

Date



Valley Regional Fire Authority, 1101 D Street NE, Auburn, WA 98002

Main Office: 253-288-5800 • AskTheVRFA@vrfa.org

Observer Orientation Guidelines

All prospective observers will complete and return a signed observer request form and waiver of liability and release to the Valley Regional Fire Authority.

- Observers will be provided with a vest or other garment identifying them as an “observer.” Observers will not become verbally or physically involved in the work of the VRFA staff. If observers have any questions regarding activities, they can ask the VRFA supervisor to answer their questions after the work or activity is completed.
- Observers will follow all directions given by VRFA staff. Failure to do so will result in the suspension of the observation opportunity.
- Observers will not, under any circumstances, possess a weapon of any type while participating in the observer program, including, but not limited to, guns, knives, chemical agents or batons. This provision regarding weapons will not apply to observers who are commissioned Law Enforcement Officers within the State of Washington or otherwise recognized as having law enforcement powers in the State. i.e. Federal Agents.
- **Observers are expected to be dressed as follows:** long or short sleeve shirt or blouse (not form fitting or extra loose), dark pants, sturdy shoes with flat soles (no high heels), appropriate coat, sweatshirt, or sweater. If you have questions about appropriate attire, contact the supervisor that approved your request or call 253-288-5800.
- **Observers are responsible for their own meals and expenses.** Due to the nature of emergency field operations there is no assurance that time will be allowed for meals. It is recommended that you bring snacks, drinks and/or meals in a small bag or cooler that can be carried with you during your visit.
- If a situation develops in which VRFA personnel believe that an observer may be placed at an unacceptable risk or harm if allowed to observe activities, they can leave the observer at the fire station and/or drop off the observer in a safe location at staff discretion.
- The hours of observer participation are between the hours of 8:00 am and 9:00 pm. Observer requests may not exceed eight (8) consecutive hours for any one day. Special exceptions may be granted by the approving supervisor.
- Observation requests will generally be limited to once every six (6) months and a total of no more than four (4) by any one person. Exceptions may be granted by the Administrator or his/her designee.
- If a rider fails to adhere to the conditions of the Observer Program, or if the VRFA supervisor believes that the observer’s presence or actions are impeding the performance of the assigned duties of VRFA personnel, the VRFA supervisor has the duty and authority to terminate the session.



Observer Orientation Guidelines

To be filled out on the day of the ride along

- | | Supervisor/Observer
(initials) |
|--|-----------------------------------|
| 1. The observer has been instructed to obey all directions given by VRFA personnel. The observer has been advised of basic safety rules for the facility, apparatus, vehicle and/or situations they may encounter. | ____/____ |
| 2. The observer has been instructed to remain seated and secured when riding in any VRFA vehicle unless otherwise directed by the VRFA personnel. | ____/____ |
| 3. The observer has been instructed on how to wear the vehicle seatbelt and shoulder restraint at all times while riding in a VRFA apparatus or vehicle. | ____/____ |
| 4. The observer has been informed that VRFA personnel may drop the observer off in a safe location prior to arrival at any potentially dangerous situation for reasons of personal safety or the sensitive/graphic nature of the incident. The specifics of this type of action have been discussed with the observer. | ____/____ |
| 5. The observer has been instructed not to engage in conversation with anyone at an emergency scene, other than the VRFA personnel. Observers are prohibited from using VRFA radios and other communications equipment. | ____/____ |
| 6. The observer has been advised that no photography or other documentation is allowed during their visit without prior approval of the supervisor. Any photography and/or other documentation during a 911 incident become the property of the VRFA and will be confiscated. Unauthorized documentation may result in immediate termination of the privilege to observe. | ____/____ |
| 7. The observer has been informed that the VRFA supervisor may terminate the observation opportunity, at any time and for any reason. | ____/____ |
| 8. Exhibit 1102A Observer Request form, Exhibit 1102B Participant Liability Waiver and Release and Exhibit 1102C Observer Briefing form is signed by the observer and properly routed for filing. A photocopy of a valid form of picture identification of the observer(s) is attached to this form. If no valid identification is available, the observer will provide their full legal name, current address and a valid phone number. | ____/____ |
| 9. The VRFA supervisor has advised the dispatch center (VCC) that an observer is in the vehicle and will also advise the dispatch center when the observation period has ended. | |

This is not intended to be an all-inclusive list and further information regarding the observation may be provided by the supervisor.

Observer's Signature		<i>Date:</i>
Officer's Signature		<i>Date:</i>
Expected Hours of Observation		