



# Temple Terrace Fire Department

## Non-Employee Ride Along Program Request and Release Form



Thank you for your interest in the Temple Terrace Fire Department's Ride-Along Program. The program is intended to give interested citizens a chance to observe Fire Department activities in Temple Terrace. We are pleased that you decided to observe and we offer you the following information that will make your ride-along more enjoyable.

All persons wishing to participate in the ride-along program must be 18 years of age or older and pre-approved by the Fire Chief or designee. Those people eligible for participation in the ride-along program include:

- Members of approved community or civic organizations
- College or university firefighting students engaged in research or fulfilling project or program requirements
- Firefighters from other jurisdictions
- Visiting dignitaries, or officials
- Other members of the fire service
- Any other person 18 years of age or older approved by the Fire Chief or designee

Ride-along is only be permissible between the hours of 07:45 AM and 10:00 PM.

The final decision to allow participation in the ride-along program lies with the Fire Chief.

You are required to wear appropriate clothing during your time of observation.

- Casual dress, portraying a professional image will be expected. Faded jeans, torn, discolored or dirty clothing, T-shirts, shorts, or cut-offs are not allowed.
- You must report to the Shift Captain at least 15 minutes prior to your scheduled ride-along time.
- You may ride with a particular station, if you have made prior arrangements with that Shift Captain, otherwise you will be assigned as staffing levels allow.
- You are to be considered an observer only and shall be under direct supervision of the assigned Shift Captain during the ride-along.
- Participants shall be instructed to remain in the fire rescue/engine at all times except when authorized to leave by the assigned Shift Captain. You must wear your seat belt in accordance with department policy.
- It may also become necessary that the fire personnel leave you in a safe place when responding to some types of calls. This is done for your safety and the assigned fire personnel or other designated personnel will pick you up.



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I \_\_\_\_\_; request permission of the Fire Chief of the  
(Print Full Name)

City of Temple to observe fire activities in the company of firefighters, in fire apparatus, restricted areas and other places in the City of Temple Terrace for the following purpose:

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I fully understand that firefighting involves unusual dangers to people and property, and that the Temple Terrace Fire Department, and the City of Temple Terrace cannot insure or guarantee my safety as a guest. If this request is granted I do freely and voluntarily assume all risks arising out of the granting of this request. In addition: I agree to indemnify and hold harmless the City of Temple Terrace, its firefighters and employees, for all damages, claims and/or causes of action against the City, its firefighters and employees, by reasons of my exercising the permission granted hereunder.

I further release and discharge the City of Temple Terrace, its firefighters and employees, of and from all manner of actions and causes of action, debts, dues, claims, and demands of every kind and nature whatsoever I have had or which my heirs, executors or administrators have, or may have arising out of the granting or exercise of this request.

\_\_\_\_\_  
Guest Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Signature of Parent/Guardian  
(If guest under 18 years of age)

\_\_\_\_\_  
City, State, Zip

Date(s) Requested: \_\_\_\_\_

Time(s) Requested: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



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### Criminal and Driver License Background Check Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Maiden First Mi

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver License Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Sex: Male Female  
(Circle One)

Race : Caucasian Black Hispanic  
(Circle One)

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**Form Must be Notarized Prior to Submission**

**STATE OF FLORIDA**  
County of Hillsborough

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,

By \_\_\_\_\_, who is/are personally known to me or has produced  
\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

STAMP:

**APPROVAL:**

\_\_\_\_\_  
Assistant Fire Chief

\_\_\_\_\_  
Date