



Winchester Fire and

FIRE, RESCUE, HAZARDOUS MATERIALS, & EMERGENCY COMMUNICATIONS

L.A. MILLER, FIRE CHIEF
FRANK WRIGHT, DEPUTY CHIEF
A. FRANKLIN MOORE, CAPTAIN

231 EAST PICCADILLY STREET, SUITE 330, WINCHESTER, VA 22601
PHONE (540) 662-2298
FAX (540) 542-1318

RIDE-A-LONG PROGRAM

AUTHORIZATION FORM

I, _____ on behalf of myself, my heirs, successors and assigns do hereby release the City of Winchester and the _____ Fire/Rescue Company and the agents, officers and employees of each of all responsibility relating to any and all injuries and accidents which I may be involved in while being on Fire and Rescue Company or City property and/or while being engaged in an authorized ride along program of the Winchester Fire & Rescue Department from _____ to _____, 20____.

I - Personal Information (All Individuals)

NAME (printed or typed)		Date of Birth	
Address	City	State	Zip
Emergency Contact (Name)		Telephone Number	
Social Security Number		Signature	Date

II - Professional Information

Current Fire & Rescue Affiliation - _____
Fire Company/Department

Member since _____ Date
Fire Chief _____ Name

Professional Certifications (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Firefighter I | <input type="checkbox"/> First Responder | <input type="checkbox"/> Haz Mat Awareness |
| <input type="checkbox"/> Firefighter II | <input type="checkbox"/> EMT-A | <input type="checkbox"/> Haz Mat Operations |
| <input type="checkbox"/> Firefighter III | <input type="checkbox"/> EMT-ST | <input type="checkbox"/> Haz Mat Technician |
| <input type="checkbox"/> Officer I | <input type="checkbox"/> EMT-CT | <input type="checkbox"/> Haz Mat Specialist |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> EMT-P | <input type="checkbox"/> Haz Mat Officer |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |



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III - Juvenile Information (To be completed by candidates under the age of 18)

Parent or Guardian (printed or typed) Telephone Number

Address City State Zip

Parent or Guardian Signature (To be Notarized) Date

IV - Notary (Juvenile candidates must have authorization form notarized)

Notary Date My Commission Expires

DO NOT WRITE BELOW THIS LINE

V - Station Chief

Candidate filling this form is capable of participating in a Ride-A-Long Program as:

- Observer
- Limited Activity (Non-entry, support functions)
- Preceptorship

Approved

Disapproved

Station Officer (Name-Title) Date

VI - Headquarters Use Only

DATE RECEIVED HEADQUARTERS _____

APPROVED BY _____

Return photocopy to affected station - Log in Log Book