



Oxnard Fire Department Ride-Along Application

To be completed by applicant

Applicant name: _____ Phone No. _____

Address: _____
Number Street City State Zip

Email: _____

Date of birth: _____ Age: _____ Sex: M F

Check One: Enrolled in Fire Science program Member of news media
 Government Official Member of other fire agency

In case of emergency or accident, contact (nearest relative):

Name Address Phone Number

Family doctor or medical services requested in case of injury or illness:

Name Phone Number

Agreement Assuming Risk of Injury or Damage Waiver and Release of Claims

Whereas the undersigned, not being a sworn member, employee, or agent of the Oxnard Fire Department, has made a voluntary request for permission to participate as a ride-along in a fire department vehicle, at a time when such vehicle is operated and staffed by members of the Oxnard Fire Department and has further requested permission to accompany a member or members of said fire department during the active performance of their official duties as fire officers; and

Whereas, the undersigned acknowledges that the work and activities of said fire department are inherently dangerous involving possible risk of injury, damage, expense, or loss to person or property and further agrees that the said fire department did not take the initiative in extending an invitation to be a ride-along of or accompany its members.

Now, therefore, be it understood that the undersigned hereby agrees that the City of Oxnard, the Oxnard Fire Department, the driver or owner of any vehicle owned or operated by or in the service of the City of Oxnard, their officers, agents, employees, directors, or sureties, and each of them, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his or her estate, or heirs, for any claim or lawsuit for any injury, damage, expense, or loss to the person or property of the undersigned, incurred while participating as a ride-along in any Oxnard Fire Department vehicle or while accompanying a member of said department during the active performance of the member's official duties.

I have read, understand the above, and I have not been on a ride-along in the last 90 days:

Applicant's Signature Date

Must fill out reverse side

To be completed by applicant (continued)

Date & Time of Requested Ride-Along: ____ / ____ / ____ _____ am/pm to _____ am/pm

(No more than 8 hours, between 1000 and 2000 hours.)

Preferred Station:

- Station 1 (K Street)
- Station 2 (Pleasant Valley Road)
- Station 3 (Hill Street)
- Station 4 (Vineyard Avenue)
- Station 5 (Colonia Road)
- Station 6 (Peninsula Road)
- Station 7 (Turnout Park Circle)
- Station 8 (Rose Avenue)

To be completed by Administration

Verbal approval by station captain: _____

Approved: _____ Called Applicant on _____
Battalion Chief Date

To be completed by Station Captain

Please complete and return to Fire Administration after ride-along has been completed.

Date and time of ride-along: _____

Number of hours ride-along was in attendance: _____

Did ride-along interfere with your duties: _____ If so, how? _____

Note any unusual activity which might be of significance later, comment of ride-along, problems encountered, or any activities you felt were significant: _____

Station Captain Signature

Date