

ARANSAS PASS FIRE DEPARTMENT

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ARANSAS PASS FIRE DEPARTMENT

Citizen Observer Instructions

Thank you for your interest in riding along with the Aransas Pass Fire Department. You have obtained the Citizen Observer packet which requires completion before you can become eligible to ride with the Aransas Pass Fire Department. Please be sure to complete all information contained within this packet before turning it into the Aransas Pass Fire Department, Fire chief. Any omitted information within this packet will invalidate your application as a citizen observer and cause your application to be denied.

Be sure to read each page thoroughly so that you have a complete understanding of the terms and instructions when participating as a Aransas Pass Fire Department Citizen Observer.

ARANSAS PASS FIRE DEPARTMENT

Citizen Observer Instruction and Rules

The Aransas Pass Fire Department welcomes you to ride, as an observer, with our Engine Company. As a professional Fire Department organization, we constantly strive to improve the level of service to our community. To that end, it is necessary to establish and maintain certain rules which govern the conduct and activities of citizens who ride with our engine to ensure the integrity of our Department is protected. In order for a citizen to ride, as an observer, with the Aransas Pass Fire Department, He/She:

1. Must be eighteen (18) years of age or older.
2. Must complete and submit the Rider Information Form and the Release of Claims Form to the Fire Chief, during normal office hours a minimum of twenty-four (24) hours in advance.
3. Must be willing to undergo a background check, by the Department, to ensure the rider does not have unacceptable criminal record and/or outstanding warrants.
 - A. Must never have been convicted of felony or criminal offense involving moral turpitude.
4. The approved rider must present their copy of the Rider Information form and a picture ID to the Fire Chief or on-duty Supervisor that accommodates the rider's request for an observation ride.
5. Observers in the Ride Along Program are guests of the Fire Department and shall conduct themselves in an appropriate responsible manner. Observers will:
 - A. Not use alcoholic beverages immediately prior to or during the shift in which they are authorized to ride;
 - B. Not use profane or abusive language or behave in any manner that would provoke or escalate tension;
 - C. Not enter into any investigation or converse with any citizen, witness or prisoner concerning a fire or police incident or investigation;
 - D. Not make known to unauthorized persons the identity of persons arrested, detained, confined in jail or suspected of an offense;
 - E. Not operate or use any fire department vehicle, or any item in fire custody or control except during extreme emergency or otherwise when instructed to do so by a fire officer;
 - F. Remain by fire department vehicle unless otherwise instructed. They shall not enter a residents, building or other building public or private from which the public would be excluded due to a fire department incident or by the owner of the property; and
 - G. Obey without question any instructions in the furtherance of the fire incidents given by a fire officer.

6. Dress and Grooming standards:
 - A. Observers in the Ride Along Program must dress and groom themselves in an appropriate and business-like manner. The on-duty supervisor or designee will make final approval of the observer's dress and appearance while riding in a fire vehicle.
 - B. Minimum requirements consist of blue jeans and a collared shirt, polo or T-shirt, must have closed toe shoes. T-shirts must not have any profanity or unacceptable graphics, tattered or unsightly blue jeans/T-shirts are not considered to be acceptable attire.
 - C. Riders will be clean and neat in appearance; hair will be neatly groomed at all times without presenting a ragged, unkempt, bushy or extreme appearance.
7. Citizen observers will be allowed to ride for a four (4) hour period, unless circumstances justify otherwise. Additional time must be approved by a supervisor.

On Behalf of all the Aransas Pass Fire Department and myself, I hope that you find this to be an educational and enjoyable experience which serves to provide you with a better understanding of the Fire service profession.

Chief Ricky Kilgore

ARANSAS PASS FIRE DEPARTMENT

RELEASE OF CLAIMS

STATE OF TEXAS

COUNTY OF SAN PATRICIO

Known all men by these present that I, _____, of _____ County, Texas in Consideration of being allowed to accompany the Aransas Pass Fire Department of Official incidents, do by these present for myself my heirs, executors, officers, agents, firefighters and employees from any and all actions, causes of action, claims, demands, costs or damages arising from or resulting from property damage, personal injuries or death sustained by me or my property while accompanying them.

I further agree by these present for myself, my heirs, executors administrators, and assigns to indemnify, hold and save harmless the City of Aransas Pass, its agents, firefighters, and employees, from any liability, action, claim, damage, award or judgment incurred or suffered by the City or individuals as a result of any act or omission by me or caused by me while accompanying any employee, agent, or firefighter of the City of Aransas Pass.

In addition, I make the following representation and acknowledgments upon which I intend the City of Aransas Pass to rely:

1. I understand and agree that while accompanying any firefighter, officer, agent, or employee of the city of Aransas pass during his firefighter duties, I am to be only an observer and bystander with no active role whatever other than those conferred by law upon other person in like or similar circumstances as may arise from time to time and will under no circumstances interfere with the firefighters, officers or offer any advice to counsel to any person being questioned, investigated, taken into custody or arrested by any officer;
2. Neither will I be considered an firefighter, agent, servant, volunteer or employee of the City of Aransas Pass and thus, I will not be covered by the City of Aransas Pass For any worker's compensation, death, or disability benefits;
3. I realize that I may and will, at unpredictable times, be placed in both foreseeable and unforeseeable positions of considerable danger that could cause injury, severe injury, permanent disability, death, mental anguish, stress disorder, mental disability, permanent mental disability, and agree that neither the City of Aransas Pass nor any of its firefighters, officers or employees shall be obligated to take any steps or action to protect my person or provide a means of withdrawal or retreat for me, and I hereby release them of any duty to do so intending hereby to willfully and voluntarily assume all risk inherent in any situation and under circumstances that may arise incident hereto; and
4. I agree that any information I may gain will be used by me only for my personal education purposes except where I am summoned as a witness in any administrative or court proceeding.

Witness my hand, this the ____ day of _____, 20____.

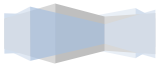
X _____

Affiant

BEFORE ME, the undersigned authority, this the ____ day of _____, 20____,
personally appeared before me the said _____ known to me to
be the person whose name is subscribed to the foregoing instrument, and acknowledged to me
that he freely and voluntarily executed the same for the purpose and consideration therein
expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the ____ day of _____, 20____.

Notary Public in and for the State of Texas



ARANSAS PASS FIRE DEPARTMENT

RIDER INFORMATION FORM

NAME:	AGE:
TX DL/ID OR Other State ID #:	Date of Birth:
Social Security No.:	Cell Phone No.:
Home Address:	Home Phone No.:
Business Name:	
Business Address:	Business Phone No.:

Are you now in or have you ever had personal relationship with or are you related to an employee of the City of Aransas Pass? YES NO

If yes, give name ID employee: _____

Please provide reasons why you want to ride with members of the Aransas Pass Fire Department: _____

Signature and Date

Fire Chief or Supervisor Signature

