

FIRE DEPARTMENT

Warren B. Cummings, Fire Chief

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RIDE-A-LONG APPLICATION

Name: _____

Address: _____

Phone Number/email contact: _____

Fire/EMS Agency Affiliation: _____

Type of Participation Requested:

- EMS Observer (Level of EMS Training: _____)
- Firefighter Observer
- Other (specify) _____

Dates/Times Requested to Participate:

I certify that I am currently affiliated with the Fire/EMS agency indicated above, and that the appropriate authority(s) of that agency approve of my participation in the above activity under the Workers Compensation coverage of that agency (see attached letter.)

Signed: _____ Date: _____

*****For Official Use Only – Fairbanks Fire
Department*****

All Appropriated Paperwork Submitted Date: _____

Ride-a-long Orientation (including HIPAA) completed Date: _____

Approved: _____ Date: _____

Signature & Title