

FIRE DEPARTMENT

Jim Styers, Fire Chief

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RIDE-ALONG 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 Appropriate Paperwork Submitted: _____ Date: _____

Agency's letter, Completed BBP and HIPAA Training

Ride-a-long Orientation including: _____ Date: _____

FFD Blood Borne Pathogens and FFD HIPAA Policies

Approved: _____ Date: _____

Signature & Title