



## Job Shadow & Ride Along **PACKET**

I \_\_\_\_\_ (Name) am requesting a:

- Job Shadow (station visit only, does not include riding on apparatus-see ride along)

Position: \_\_\_\_\_

Total hours requested: \_\_\_\_\_

- Community Service

Total hours requested: \_\_\_\_\_

- Ride Along (applicants must be 18 years of age to ride on emergency apparatus)

Total hours requested: \_\_\_\_\_

Are you requesting to ride along with a specific shift, employee, or station?

If yes, please specify? \_\_\_\_\_

Complete and include all the information listed below and return to:

East Pierce Fire & Rescue  
Attention: Kimberlee Rucshner  
18421 Veterans Memorial Drive East  
Bonney Lake, WA 98391  
(253) 863-1800

- Application
- Background Check Information
- Release & Waiver
- Participant Agreement
- Petition Dates
- Confidentiality Statement
- Confidentiality Agreement

Complete items below this line for Ride Along ONLY

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- Photocopy of your driver's license
- Proof TB test within the past 12 months
- Measles, Mumps, & Rubella immunization/immunity
- Varicella (Chicken Pox) immunization/immunity
- Passenger Waiver form

Each applicant must submit all the above information. Please plan to return your application in person, as we will need to review the application for completeness and may need to ask preliminary/clarification questions. If you have any questions please call the headquarters station at 253-863-1800.



## Job Shadow & Ride Along APPLICATION

Opportunities for Job Shadows and Ride Alongs are provided without regard to race, religion, sex, national origin, age, sensory, mental or physical disability, marital status, veteran's status or sexual preference.

Last Name	First Name	Middle Name
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Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____	Preferred nickname:
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Street Address	Apartment Number
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City	State	Zip
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Home Phone Number (    )	Alternate Phone Number (    )	E-mail Address
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Best way to reach:  Home  Alternate  Either  Other \_\_\_\_\_

### Emergency Contact

1.

Name	Home Phone Number (    )
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Relationship	Alternate Phone Number (    )
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Best way to reach:  Home  Alternate  Either  Other \_\_\_\_\_

2.

Name	Home Phone Number (    )
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Relationship	Alternate Phone Number (    )
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Best way to reach:  Home  Alternate  Either  Other \_\_\_\_\_

### Employment/Education Information

I am:     Employed                      Education:     High school student  
           Retired                                 High school graduate  
           Student                                  Undergraduate degree  
           \_\_\_\_\_                               Graduate degree

Name of School	Grade/Year
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Certifications/Advanced Training
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Is anyone else at this address a current EPF&R volunteer or employee?  YES  NO  
If yes, what is their name? \_\_\_\_\_

Have you ever been a volunteer or employee with us before?  YES  NO  
If yes, when? \_\_\_\_\_

<p>I am interested in the following area(s) Check all that apply:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Firefighting</li><li><input type="checkbox"/> Paramedic</li><li><input type="checkbox"/> Fire Investigation</li><li><input type="checkbox"/> Water Rescue-Diver</li><li><input type="checkbox"/> Wildland</li><li><input type="checkbox"/> HAZMAT</li><li><input type="checkbox"/> Tech Rescue</li><li><input type="checkbox"/> Public Education</li></ul>
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UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand I can be denied from participating in the program for any misrepresentation or omission in the above statement. I authorize East Pierce Fire & Rescue to request a background inquiry from the Washington State Patrol and understand that my participation in the requested job shadow/ride along is dependent upon a satisfactory report.

Signature	Date
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**Notice to all applicants:**

**CHILD AND ADULT ABUSE INFORMATION ACT**

Under a law passed by the 1987 Washington State Legislature, applicants for volunteer service in positions who will or may have unsupervised access to children or developmentally disabled persons must make a written disclosure of certain civil adjudications, convictions, records of crimes against persons, and (for licensed personnel) disciplinary board final decisions. Background inquiries may be made to the Washington State Patrol, or other state or federal law enforcement agencies.

Information obtained from an applicant’s disclosure statement or from these background inquiries will not necessarily prevent participation. This information will be considered in determining the applicant’s character, suitability, and competence to perform and may result in a denial of participation. All applicants must sign a release authorizing the background inquiry. Failure to do so, or to provide the disclosure statement, shall prevent the applicant from participation in a job shadow/ride along with East Pierce Fire & Rescue.

**Disclosure Statement**

Pursuant to the requirements of RCW 43.43.830 and 43.43.840, we must ask you to complete the following disclosure statement. This information will be kept confidential.

- 1. Have you ever been convicted of a crime against children or other persons?  YES  NO  
 (A crime against persons includes any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second or third degree rape; first, second or third degree statutory rape; first or second degree robbery; first or second degree manslaughter; first or second degree extortion; first or second degree criminal mistreatment, child abuse or neglect as defined in RCW 26.44.0220; selling or distributing erotic material to a minor; custodial assault; child buying or selling; first degree promoting protection; communication with a minor; first degree arson; first degree burglary; indecent liberties; incest; vehicular homicide; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; violation of child abuse restraining order; prostitution; or any of these crimes as they may be renamed in the future.)

If your answer is “YES”, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

- 2. Have you ever been convicted of any crimes relating to financial exploitation of a person 60 years of age or older, who has a functional, mental or physical inability to care for himself/herself or is a patient in a state hospital?  YES  NO  
 (Crimes relating to financial exploitation include: first, second or third degree extortion; first or second degree robbery; first, second or third degree theft; forgery; or any of these crimes as they may be renamed in the future.)

If your answer is “YES” please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

- 3. Have you ever been found in a Dependency Action, Domestic Relations Proceeding, or Disciplinary Board Final Decision to have sexually assaulted or exploited, or to have sexually abused a minor, developmentally disabled person or any person 60 years of age or older who has a functional, mental or physical inability to care for himself or herself or who is a patient in a state hospital?  YES  NO

If your answer is “YES” please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

**If you answered “YES” to any of the above questions, complete the following.**

Height	Weight	Color of Eyes	Color of Hair

**This information will be used in conjunction with the background inquiry:**

Name:		
Alias/Maiden Name		
Date of Birth	Sex	Race
Social Security Number	Driver's License Number/State	

We may also require your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. We will make a copy of the report available to you upon your request.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand if I am accepted as a volunteer, I can be discharged for any misrepresentation or omission in the above statement. I authorize East Pierce Fire & Rescue to request a background inquiry from the Washington State Patrol and understand that my acceptance as a volunteer is conditioned upon a satisfactory report.

Signature	Date
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## RELEASE AND WAIVER

I wish to participate in a job shadow/ride along opportunity at East Pierce Fire & Rescue. I understand and appreciate that being in a fire department environment raises certain risks. I am aware that I could sustain certain injuries while participating. I acknowledge that I am voluntarily coming to the Department with full knowledge of the risks and dangers involved, and I agree to accept any and all risks of injury to me.

I agree to assume all risks in connection with my participation with fire department and release and hold harmless East Pierce Fire & Rescue, their employees, volunteers, and board of commissioners, through their negligence or any other cause, might otherwise be liable to me.

I intend by this Release and Waiver to release, in advance, and to waive my rights and discharge all of the persons and entities mentioned above from any and all claims for damages for personal injury or property damage which I may have, or which may hereafter occur to me, as a result of my presence at East Pierce Fire & Rescue for the purposes of a job shadow/ride along. I acknowledge that I am solely responsible for my personal health and safety and will not engage in any activities that subject me to undue risk.

I have read this Release and Waiver and fully understand its terms. I understand that this is a release of liability and that I am signing it on a voluntary basis.

### PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING

Applicant Signature	Date
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## If under 18, please complete the Consent to Participate:

### Consent to Participate

The applicant has my permission to participate in a job shadow/ride along experience with East Pierce Fire & Rescue. I will assist him/her in following the rules and regulations established to make this program successful. I have read the Release and Waiver and fully understand its terms. I understand that this is a release of liability and that I am signing in on a voluntary basis as the parent/guardian of the applicant minor.

Parent/Guardian Signature	Date
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## **Job Shadow & Ride Along** **PARTICIPANT AGREEMENT**

The employees of East Pierce Fire and Rescue welcome the opportunity to provide citizens the chance to experience first-hand the daily operations of the Fire Department. With this opportunity there are certain expectations. These expectations will assist in providing the best education and safety of the observer, and will eliminate any service disruption to the community we serve. Below are the expectations of East Pierce Fire & Rescue and the participant.

### **East Pierce Fire & Rescue agrees to provide the observer with the following:**

- A workplace which meets or exceeds WISHA standards.
- An assigned mentor and supervision at all times while at the worksite
- An orientation to East Pierce Fire and Rescue and information regarding the safety policies and procedures by the mentor
- An orientation and tour of work site
- Familiarization of the infectious waste hazards at the station and in the apparatus
- Worker Right To Know information, and M.S.D.S. location at the worksite
- Department "Observer" duty coat and helmet. The observer will be responsible for the proper care and stowing of these items.
- Any required documentation of completion, evaluation, or feedback needed by the observer
- As much close up, real life experience as possible while still providing for the safety of the observer and the efficiency of scene management and patient care.

### **The participant understands and agrees to the following:**

- The ride along experience is limited to one ride along (up to 24 consecutive hours) per a six month period (up to 2 per year) within one discipline.
- The job shadow/ride along experience is limited to approved East Pierce Fire & Rescue assignments, the participant will observe only.
- Follow the dress code outlined below for this program:
  - Dress is to be professional, while participating in this program you are representing the Department and will be visible to the community. Clothing that reveals too much cleavage, your back, your chest, your feet, your stomach or your underwear is not appropriate for a place of business. Clothing should be pressed.
  - Blue or black slacks.
  - A solid blue or black shirt, without screen-printing. If there is any wording or print on clothing, it will be left to the mentor's discretion as to whether it is appropriate.
  - Black shoes or boots.
  - A solid blue or black ball cap may be worn, without screen-printing. If there is any wording or print on cap, it will be left to the mentor's discretion as to whether it is appropriate. All caps must be worn bill-forward, and snugly fit head.
  - Jewelry shall be limited to one ring and a watch, without exception. This is to provide for your safety. The appearance of these items shall be at the discretion of the mentor.
  - A change of clothing is strongly advised, as there is the possibility of soiling clothing.
  - If job shadow/ride along will be overnight, we recommend bringing a sleeping bag or blanket, pillow, appropriate sleep wear, hygiene necessities, and food items for lunch/dinner/snacks.
- Provide own transportation to and from the worksite.
- Report to worksite on time as scheduled, or notify the assigned mentor of any conflicts. Failure to do so may result in the discontinuation of participation.
- Follow directions given by the mentor and/or other members of the Department at incident scenes, and in daily activities as to provide for your learning and safety.

- Adhere to all safety guidelines of the Department.
- Be honest, courteous, responsible, and cooperative.
- Protect the privacy of any person that you may come in contact with during an incident.
- Bring a positive and motivated attitude, learn about an exciting and rewarding career, and have fun.
- Come mentally and physically prepared for numerous types of activities. The Fire Department responds to emergency and non-emergency calls, at any time for as long as it takes to mitigate the circumstance. Thus, we recommend you to not schedule any activities close to your scheduled time.
- Accurately complete the application packet including a signed (either by self and/or guardian if under 18) Release and Waiver Statement, Confidentiality of Information Statement and Policy, Confidentiality Agreement, and provide proof of a TB test (within the past 12 months), as well as immunity to measles, mumps, rubella, and chicken pox..
- The participant is not considered an employee of East Pierce Fire & Rescue.

Signature	Date
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**Job Shadow & Ride Along**  
**PETITION**

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Please select 3 dates and times for your Job Shadow/Ride Along

**PLEASE ALLOW 2 WEEKS FOR SCHEDULING**

<b>Name:</b>	
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**First Choice**

Date:	<input type="checkbox"/> selected
Time:	A.M. / P.M.

**Second Choice**

Date:	<input type="checkbox"/> selected
Time:	A.M. / P.M.

**Third Choice**

Date:	<input type="checkbox"/> selected
Time:	A.M. / P.M.

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(To be completed by East Pierce Fire & Rescue)

**ACTUAL DATE DETERMINED** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mentor Name:	
Mentor Title:	
Unit / Department:	
Consent / Approval Received (date):	
Consenting Supervisor Name:	



**Job Shadow & Ride Along**  
**CONFIDENTIALITY OF INFORMATION STATEMENT AND**  
**POLICY**

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I understand the principle of confidentiality is basic to the maintenance of professional ethics and community respect. As a participant in East Pierce Fire & Rescue's job shadow/ride along program, I assume the ethical responsibility of holding all information obtained directly or indirectly concerning patients, doctors, staff, or volunteers as absolutely confidential.

Information of a private or sensitive nature: medical record information, employee personnel records and system, facility or agency operating and financial data are also absolutely confidential. I will not actively seek to obtain any information considered to be confidential.

Furthermore, I understand that intentional or involuntary violation of our confidentiality policy will result in termination of participation and punitive action including possible fine or even imprisonment.

Signature	Date
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**Job Shadow & Ride Along**  
**CONFIDENTIALITY AGREEMENT**

**PROTECTED HEALTH INFORMATION  
DISTRICT POLICIES AND PROCEDURES**

Given the nature of our work, it is imperative that we maintain confidentiality of patient information that we receive in the course of our work. East Pierce Fire and Rescue prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations. Discussions of Protected Health Information (PHI) within the organization should be limited to the minimum necessary for patient care. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for treatment, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities

I understand that East Pierce Fire and Rescue provides services to patients that are private and confidential and that I play a crucial role in respecting the privacy rights of patients. I understand it is necessary, in the rendering of East Pierce Fire and Rescue's services, that patients provide private, personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic. I understand all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all East Pierce Fire and Rescue confidentiality policies and procedures effective during my entire participation in the Job Shadow Program with the district. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies or procedures, I agree to notify the Human Resources Officer immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my participation in East Pierce Fire and Rescue's Job Shadow Program. Upon termination of my participation in the program for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by the District. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of participation in the program. This is not a contract of employment and does not alter the nature of the existing relationship between me and the District.

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Printed Name:* \_\_\_\_\_

**(Note: If the participant is a minor, this agreement must be signed on the minor's behalf by a parent or guardian.)**