



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 or employee?
If yes, please specify? _____

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

Chehalis Fire Department
455 NW Park St
Chehalis, WA 98532
(360) 748-3394

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

Complete items below for Ride-Along ONLY

- 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 at (360) 748-3394.



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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Preferred Title:	Preferred Nickname:
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Street Address:	Apartment #:
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City:	State:	Zip:
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Home Phone Number:	Alternate Phone Number:	E-mail Address:
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Emergency Contact Name:	Home Phone Number:
Relationship:	Alternate Phone Number:

Emergency Contact Name:	Home Phone Number:
Relationship:	Alternate Phone Number:

Status: <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> _____	Education: <input type="checkbox"/> High school student <input type="checkbox"/> High school graduate <input type="checkbox"/> Undergraduate degree <input type="checkbox"/> Graduate degree
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Name of School:	Grade/Year:
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Reason for wanting to Job Shadow/Ride-along:
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Is anyone else at this address a current City of Chehalis 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? _____

I am interested in the following area(s) Check all that apply:

- Firefighting
- Emergency Medicine
- Fire Investigation
- Swift Water Rescue
- Wildland
- HAZMAT
- Technical Rescue
- Public Education

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 the Chehalis Fire Department 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 the Chehalis Fire Department.

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.

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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.

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

Height:	Weight:	Color of Eyes:	Color of Hair:
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This information will be used in conjunction with the background inquiry:

Name:

Alias/Maiden Name:

Date of Birth:	Sex:	Race:
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Social Security Number:	Driver's License Number/State:
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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 I can be denied from participating in the program for any misrepresentation or omission in the above statement. I authorize the Chehalis Fire Department 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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Job Shadow & Ride-Along RELEASE AND WAIVER

I wish to participate in a job shadow/ride-along opportunity with the Chehalis Fire Department. 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 the fire department and release and hold harmless the Chehalis Fire Department, the City of Chehalis, and their employees, 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 the Chehalis Fire Department 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 the Chehalis Fire Department. 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 the Chehalis Fire Department 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 the Chehalis Fire Department and the participant.

The Chehalis Fire Department agrees to provide the observer with the following:

1. A workplace which meets or exceeds WISHA standards.
2. An assigned mentor and supervision at all times while at the worksite.
3. An orientation to the Chehalis Fire Department and information regarding the safety policies and procedures by the mentor.
4. An orientation and tour of work site.
5. Familiarization of the infectious waste hazards at the station and in the apparatus.
6. Worker Right to Know information and M.S.D.S. location at the worksite.
7. Department "Observer" duty coat and helmet. The observer will be responsible for the proper care and stowing of these items.
8. Any required documentation of completion, evaluation, or feedback needed by the observer.
9. 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:

1. The ride-along experience is limited to three 8 hour ride-alongs (up to 24 consecutive hours) per a six month period.
2. The job shadow/ride-along experience is limited to approved Chehalis Fire Department assignments, the participant will observe only.
3. Follow the dress code outlined below for this program:
 - a. 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.



- b. Blue or black slacks.
 - c. 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.
 - d. Black shoes or boots.
 - e. 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.
 - f. 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.
 - g. A change of clothing is strongly advised, as there is the possibility of soiling clothing.
4. Provide own transportation to and from the worksite.
 5. 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.
 6. 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.
 7. Adhere to all safety guidelines of the department. Be honest, courteous, responsible, and cooperative.
 8. Understand this job shadow/ride-along does not constitute community service.
 9. Protect the privacy of any person that you may come in contact with during an incident.
 10. Bring a positive and motivated attitude, learn about an exciting and rewarding career, and have fun.
 11. 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.
 12. The participant is not considered an employee of the Chehalis Fire Department.

Applicant Signature:	Date:
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Job Shadow & Ride-Along PETITION

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

PLEASE ALLOW 2 WEEKS FOR SCHEDULING

Name:

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.

(To be completed by the Chehalis Fire Department)

ACTUAL DATE DETERMINED ____ / ____ / ____

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



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

I understand the principle of confidentiality is basic to the maintenance of professional ethics and community respect. As a participant in the Chehalis Fire Department'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 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. The Chehalis Fire Department 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 the Chehalis Fire Department 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 the Chehalis Fire Department'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 Chehalis Fire Department confidentiality policies and procedures effective during my entire participation in the Job Shadow/Ride-Along Program with the department. 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 the Chehalis Fire Department's Job Shadow/Ride-Along 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 department. 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 department.

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.)