



BOISE FIRE DEPARTMENT RIDE-ALONG APPLICATION

**APPLICATIONS MUST BE SUBMITTED A MINIMUM OF THREE (3) WEEKS PRIOR TO PREFERRED RIDE-ALONG DATE
INCOMPLETE APPLICATIONS WILL BE REJECTED**

APPLICANT INFORMATION	
RIDER NAME:	DOB:
IF MINOR, PARENT/GUARDIAN NAME:	
ADDRESS:	
PRIMARY PHONE:	EMAIL:
A COPY OF THE RIDER'S OR PARENT/GUARDIAN'S ID/DRIVER'S LICENSE MUST BE INCLUDED WITH THIS APPLICATION	
EMERGENCY CONTACT NAME & PHONE:	
REASON FOR RIDE ALONG: <input type="checkbox"/> CURRENT APPLICANT <input type="checkbox"/> SCHOOL PROJECT <input type="checkbox"/> INTEREST IN FIREFIGHTING CAREER <input type="checkbox"/> OTHER (please explain): _____ _____ _____	
PREFERENCES	
BFD will contact you upon receipt of this request. At that time, the scheduled time and date will be established. Please indicate any preferences you have regarding your ride-along. Indicating preferences does not guarantee a ride-along at the preferred time/day.	
PREFERRED DATE/DAY OF WEEK (MON-SAT):	PREFERRED TIME (BETWEEN 0900-2100):
PREFERRED DIVISION OR STATION: <input type="checkbox"/> OPERATIONS (STATION _____) <input type="checkbox"/> PREVENTION <input type="checkbox"/> TRAINING	
HAVE YOU BEEN ON A RIDE-ALONG BEFORE? <input type="checkbox"/> YES (IF YES, WHEN? _____) <input type="checkbox"/> NO	
REQUIREMENTS – ALL REQUIREMENTS MUST BE MET AND INITIALED	
_____ I am free of a criminal conviction of any misdemeanor within the last two years or any felony within the last five years. Further, I am not on any type of probation for a criminal charge or conviction.	
_____ I have no pending criminal or civil action involving the City of Boise.	
_____ I do not have a previous removal from the Ride-Along Program.	
_____ I have no impairments that may limit me from enjoying a safe experience or cause an unreasonable burden on the department to accommodate me.	
_____ I am at least fourteen (14) years of age. Any rider under the age of eighteen (18) must have approval from a parent/guardian utilizing the enclosed Waiver.	
_____ I promise to maintain confidentiality of information received during the ride-along.	
_____ I understand that I am subject to the same legal stipulations for subpoenas as employees.	
_____ I have not participated in a BFD ride-along within the last six (6) months.	
_____ I understand that the department reserves the right to conduct, at its sole discretion, a criminal history check.	
IF ALL REQUIREMENTS ARE MET, PLEASE CONTINUE TO THE WAIVER OF LIABILITY ON PAGE 2	

BOISE FIRE DEPARTMENT RIDE-ALONG PROGRAM

WAIVER OF LIABILITY

*Please read the following carefully before signing.
By signing, you waive your right to sue the City and its employees.*

I, _____, on behalf of myself and/or my child, _____, in consideration of permission from the Department to ride in a Department vehicle as part of the Ride-Along Program, and intending to be legally bound by this agreement, hereby agree to indemnify, defend, and save and hold harmless the City of Boise and its officers, agents, and employees, from and against any and all losses, claims, actions, judgements for damages or expenses, or injury to myself or to my child, to other persons, or to property caused or incurred by myself or my child in connection with or arising out of my or my child's participation in the Ride-Along Program. I acknowledge that my or my child's participation in the Ride-Along Program may carry a risk of injury, illness, and/or death, and with that knowledge hereby assume for myself or for my child all risks and hazards of participation in the Ride-Along Program. I forever waive and release, on behalf of myself or my child, my heirs, executors, administrators, assigns, and/or personal representatives, and/or those of my child, any and all claims and/or rights for damages I or my child now have or may hereafter have against the City of Boise and/or its officers, agents, and employees, suffered in connection with or arising out of my or my child's participation in the Ride-Along Program.

I attest that I am, or my child is, physically and emotionally fit and prepared for this activity, which I am voluntarily undertaking or voluntarily allowing my child to take at my own risk. I understand that the City of Boise will not provide insurance or benefit coverage of any kind for injury, death, or illness that may result during or because of my or my child's participation in the Ride-Along Program.

I understand that in the course of participating in the Ride-Along Program, I or my child may gain access to or knowledge of confidential information, and that as a condition to participate in the Ride-Along Program, I agree to honor the confidentiality of such information.

I understand a ride-along, once scheduled, may be canceled or rescheduled. I understand not all ride-along experiences and opportunities will be the same and the Department reserves the discretion to modify any particular ride-along experience. I understand the Company Officer will have discretion as to what activities I can participate in.

I understand that failure to abide by all requirements and/or orders communicated to me will result in immediate termination of the ride-along at the sole discretion of the Company Officer and can prohibit me from being considered for any ride-along in the future.

_____ SIGNATURE	_____ DATE	_____ PRINT NAME
_____ PARENT/GUARDIAN SIGNATURE (IF MINOR)	_____ DATE	_____ PRINT NAME
_____ DEPARTMENT APPROVAL BY	_____ DATE	_____ PRINT NAME

Email completed form and copy of ID/driver's license to: firereception@cityofboise.org