

Ravenna Township Fire Department

Civilian Observer Rules

It is the intention of the Ravenna Township Fire Department to allow persons to gather information and experience in the Emergency Medical Service while having the minimum impact on the delivery of these services to the community. These rules set fourth to provide a guide for this goal to be achieved and should be strictly adhered to.

1. Observers should be one of the following:
 - a. Enrolled in an EMT training program
 - b. A member of a public emergency medical service
 - c. A professional in a related field
 - d. Approved by the fire Chief
2. Observers shall be a minimum of eighteen (18) years of age.
3. All observers shall have a signed Civilian Observer and Waiver form before to doing their ride time. This form must have prior approval and be signed by the Chief or the EMS coordinator. The Waiver shall remain in effect for one year from the date of signing.
4. Dress Code: If you are a member of a fire department or emergency medical service the uniform of that service may be worn. IF you are not a member of the above services the Observer shall wear black or dark blue dress pants and a white shirt neatly pressed and appropriate for the weather. (No Blue Jeans!) Black leather shoes, boots, hiking boot or like footwear should be worn. (No tennis shoes!)
5. Observers must adhere to all policies, protocols, procedures, rules of the Ravenna Township Fire Department.
6. Observers will be permitted to ride between the hours of 0800 and 2300 hours (8am to 11pm).
7. The observer should be assigned a firefighter who will precept them. The preceptor shall be responsible for the direction, guidance and any written evaluations necessary to the observer. The OIC shall be responsible for the safety and well being of the observer.
8. Ravenna Township Fire Department reserves the right to deny access to the program or to terminate an observer's participation, for reasons of safety or operational conflicts.

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Civilian Observer Form

Name: _____ Home Phone: () _____
Address: _____ City: _____ Zip: _____
Age: _____ DOB: _____ - _____ - _____ SSN: _____ - _____ - _____ Sex: M / F
Employer: _____ Phone: () _____
Fire or EMS Affiliation: _____ Phone: () _____
Certification and Number:
EMT: _____ Firefighter: _____
Law Enforcement: _____ Student: _____ Civilian:

Waiver of Damage or Injury

That I, _____, for and in consideration of the Township of Ravenna granting me the privilege of a "Civilian Observer" do for myself, my heirs, executors, assigns administrators, successors, employees, agents, and servants, release from any and all claims, demands, actions and causes fro actions what-so ever brought against the Township of Ravenna or it's successors, assigns, employees, agents, and servants individually, as may arise by reason of my engagement in such observational activities under the aforementioned privilege.

And hereby declare that I fully understand the terms of this wavier, that for the sole consideration of said privilege do hereby waive and relinquish all claims, demands, actions, and causes of action arising out of exercising such granted privilege.

This waiver shall be in effect till cancelled by either party.

I, the undersigned have read said waiver, and of my own free will and accord have hereunto set my hand this _____ day of _____ 20____.

Signature: _____ Witnessed: 1. _____
2. _____

Approval by Fire Chief: _____

Date: _____