



# INSTRUCTIONS TO CITIZEN OBSERVER

1. Participants should include members of a business or civic group, potential applicants for the position of firefighter or rescue member in Roanoke County, or are sponsored by a Roanoke County Fire/Rescue Volunteer Organization.
2. Participant must be at least 16 years of age to ride in any Roanoke County vehicle. If applicant is 16–17 years of age, they must have their parent or legal guardian’s permission verified by signature below.
3. Participants are required to dress in proper attire, to include clean, neat street clothes.
4. Participant must promptly follow all instructions given by the Officer in Charge during the observation time. No interference with the performance of operations shall be permitted.
5. Participants are required to conduct themselves in a mature, professional manner at all times.
6. Participants should identify themselves as a citizen observer at all times and may not under any circumstances assist in the responsibilities of the Firefighters or Rescuers.
7. The Citizen Observer Program shall be conducted at times that are convenient to the operations of the Fire and Rescue Department and limited to three times per year.
8. The observation period may be terminated at any time by the Officer in Charge.

I certify that I understand the requirements and responsibilities of participants in this program; and that I am aware of the potential risk involved with accompanying fire and rescue personnel during the performance of their duties. In consideration of the Roanoke County Fire and Rescue Department granting permission to enter in or upon any premises or vehicles which are under its actual care or constructive or passive control, I hereby waive all claims to damage or loss to my person or property which may be caused by any act, or failure to act, of the Roanoke County Fire and Rescue Department, its officers, agents or employees. I assume the risk of all dangerous conditions in, upon or about the premises or vehicles and waive any an all notice of existence of such conditions. I have also read the RCFRD HIPAA guidelines and agree to follow them. They are attached.

I agree to allow RCFRD to complete a Name Search Request for Criminal History Record and understand that my signature on this form gives RCFRD the authority to do so.

_____ Citizen Observer’s Signature	_____ Date
_____ CO Parent/Legal Guardian’s signature (if CO is 16-17 years old)	_____ Date
_____ Signature of Volunteer Officer in Charge or Career Captain in charge (if riding with Volunteer unit) (if riding with Career Unit)	_____ Date
_____ Signature of approval from Volunteer Chief; or Career Captain & Admin officer (Volunteer Chief or Career Captain agree to assure the C.O. follows the above instructions)	_____ Date