



APPLICATION PACKET

CAVE SPRING RESCUE SQUAD



A Professional Volunteer Agency Since 1958
Roanoke County Rescue 3 - Cave Spring, Virginia
3260 Valley Forge Avenue - www.csrescue.org - 540.772.2943



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WELCOME LETTER — PLEASE READ

Dear Prospective Member,

Thank you for your interest in joining Cave Spring Rescue Squad.

CSRS has been serving the community of Cave Spring and surrounding areas of Roanoke County for more than 60 years providing pre-hospital care with professionally trained volunteers. As a non-profit and independently operated volunteer agency in Roanoke County, we are based out of one station with two ambulances, a squad truck, and response SUV. We answer 1,400+ emergency calls per year from persons sick or injured, motor vehicle accidents requiring extrication, fires, mass casualty incidents, and everything in between. We also provide EMS support for community events, fundraisers, sporting events, and concerts, as well as community CPR, First Aid, and EMT certification classes.

Our members range from 16 to 70 years of age and come from all walks of life and careers. Some are local high school and college students looking to gain invaluable experience before pursuing careers in the medical field while others already work in emergency rooms or hospitals and want to keep their skills up. Some members are professionals in their related careers, blue collar workers, or stay at home moms, dads, or retirees.

All of our members are trained to professional healthcare standards and hold either state and/or national certifications for EMT's, Paramedics, Extrication, and Technical Rescue.

Our application process has been crafted to find highly motivated, committed, and qualified volunteers. In addition to having a desire to serve their community, they must be at least 16 years old, have a strong interest in pre-hospital patient care, and at a minimum be willing to attend a local EMT class and achieve EMT certification within 6 months of joining.

If this sounds like something you would be interested in, please continue on in this application packet. Read all of the pages and then fill out the attached forms. Completed forms can be dropped off at the station (address below) in the drop-off box outside the main door. You can also email completed forms to deputychief@csrescue.org. If at any time you have any questions about the membership process or if you would like a tour of our station, please don't hesitate to contact us.

Whatever your interest is, you are sure to find volunteering and serving your community an exciting and rewarding experience.

Sincerely,

Logan Spencer, Chief

Taylor Powell, Deputy Chief

Cave Spring Rescue Squad
3206 Valley Forge Ave.
Roanoke, VA 24018



GENERAL MEMBERSHIP REQUIREMENTS

All applicants seeking membership with Cave Spring Rescue Squad must meet the following preliminary requirements:

- Be at least 16 years old
- Submit to and pass a preliminary Virginia State Police background check
- Submit to and pass a FBI National background check
- Complete 6 observation shifts
- Be of good moral character
- Have a strong interest in pre-hospital patient care
- Willing to attend a local EMT class and achieve EMT certification within 6 months of joining
- Able to meet the time commitment

MEMBERSHIP CATEGORIES

JUNIOR

Our Junior Membership is for our volunteers under the age of 18. Junior members are assigned to a standard duty team and expected to run according to their scheduled shifts as well as attend all required business and training meetings. During the school year, Junior members are sent home from their duty shifts at 11:00pm on school nights. However, they are expected to stay for their entire shift at the station on weekends and when school is not in session.

Eligibility:

- Be at least 16 years old
- Able to meet the expected job requirements as listed above
- Displays exceptional maturity and character
- Submits an end of the semester copy of report card reflecting a minimum 2.0 GPA in school

SENIOR

Senior Membership is the standard membership category. Senior members are assigned to a standard duty team and expected to run according to their scheduled shifts as well as attend all required business and training meetings. Senior members also sign-up to staff trucks for special events and standbys based on their availability.

Eligibility:

- Be at least 18 years old
- Certified state or nationally registered EMT or higher
- Able to commit to the time requirement

ASSOCIATE

Associate members are required to run 24 hours a month of on-duty and/or other approved service. Associates submit their availability for the upcoming month and then are scheduled based on the needs of the agency.

Eligibility:

- Be at least 18 years old
- Certified state or nationally registered EMT or higher
- Served at least 2 years with an emergency medical services agency
- Able to commit to the time requirement

ACADEMIC

Academic members are assigned to a standard duty team and expected to run their scheduled shifts as well as attend all required business and training meetings. However, they are excused from these requirements during the regularly scheduled school year.

Eligibility:

- Certified state or nationally registered EMT or higher
- Enrolled at an institution of higher learning or academy



SUMMARY OF OPERATIONS

HOURS OF OPERATION

Monday thru Thursday Shifts
6:00PM - 6:00AM (following day)

Friday Shifts
6:00PM - 12:00PM (Saturday)

Saturday Shifts
12:00PM - 12:00PM (Sunday)

Sunday Shifts
12:00PM - 6:00AM (Monday)

During inclement weather or situational emergencies, personnel can be called up to provide staffing outside normal operating hours.

Requests can also be sent to the crew to staff trucks for sporting, concert, and community events that may be outside the normal operating hours. An individual's participation in these types of requests is based on their availability.

DUTY CREWS & SCHEDULE

Shifts are covered by 6 duty teams that operate on a six-week rotation that includes a 10-day break before repeating the cycle again. For example:

Week 1: Saturday shift
Week 2: Friday shift
Week 3: Thursday shift

Week 4: Tuesday shift
Week 5: Monday shift
Week 6: Sunday & Wednesday shifts
10-day break before repeating cycle

STATION & APPARATUS

RESCUE STATION 3

CSRS operates out of one station located at 3206 Valley Forge Avenue covering Cave Spring and the surrounding areas of the Roanoke Valley per mutual aid agreements. The station has four bays capable of housing up to eight apparatus. It is also equipped with two kitchens and a dining area, small and large conference rooms for classes, meetings, and events, multiple offices, separate male and female bunk rooms with shower facilities, laundry room, high-speed Wifi throughout, and living area equipped with couches and a big screen TV, HD-cable, X-box, and Netflix.

APPARATUS

Ambulance 32
Ambulance 33

Squad 3 Rescue Crash Truck
Car 30 Response SUV

LINE OFFICERS

CHIEF	Logan Spencer
DEPUTY CHIEF	Taylor Powell
TRAINING LT.	Michael Clark
LOGISTICS LT.	Gabrielle Lewis
EQUIPMENT LT.	Lindsey Arnold
CAPTAIN	David Danco
CAPTAIN	Griffin Pritts

BUSINESS OFFICERS

PRESIDENT	Laura Alexander
VICE PRESIDENT	David Danco
SECRETARY	Gabrielle Lewis
TREASURER	Pam Cooper

APPOINTED POSITIONS

PIO	Alex DeFelice
CHAPLAIN	Bill Whitlow
COORDINATOR OF ACADEMIC, ASSOC., RESERVE LIFE	Steve Ferguson

FLOW CHART FOR PROSPECTIVE MEMBERS

1. Read the Welcome Letter, General Membership Requirements, and Membership Categories sections of this packet.
2. Complete all of the forms in this packet and return them to the rescue squad any weeknight after 6:00pm or anytime on the weekends. You can also email the completed forms to deputychief@csrescue.org.
3. The Deputy Chief will email you acknowledging receipt of your application and will send your forms to Roanoke County to begin processing your Virginia State Police background check. (When filling out your forms, please be sure to write down a legible and working email address.) You must pass this initial background check. Results can take between 5-7 business days to return.
4. When you have passed your initial background check and been given Observer clearance, the Deputy Chief will notify you via email and send you a copy of our Observer Guidelines that will instruct you in how to sign up for 4 observer shifts. These shifts will help you get a glimpse into what EMS life is like with Cave Spring Rescue Squad and give us an opportunity to get to know you.
5. A 1st Reading of your application will occur at our next scheduled business meeting. Meetings are the first Wednesday of each month and begin at 7:30pm at the station. You are encouraged to attend.
6. Once you have completed your 4 observer shifts, the Deputy Chief will send you a packet to be filled out and they will get you set up to get your fingerprints completed for an FBI National background check. NOTE: Your national background check can take up to a month or more to process so it is strongly encouraged that you get your fingerprints done as early as possible.
7. The Membership Committee will contact you to set up an appointment for an interview. If you are under 18, a parent or legal guardian must accompany you.
8. Upon receipt of the results of your FBI National background check and per the recommendation of the Membership Committee, a 2nd and Final Reading of your application will occur at the next scheduled business meeting. The crew will then vote to accept or decline you as a Probationary Member. You MUST be present at this meeting.
9. If accepted for probationary membership, you will be issued a uniform, ID, and assigned to a duty team (unless applying for Associate Membership) for a 6-month probationary period. If at any point during your probation the crew is not satisfied with your progress or feels that the relationship between you and the agency is not a good fit, the crew can vote to terminate your probationary membership.
10. Upon completion of your 6 month probationary period and having fulfilled the eligibility requirements set forth for the membership category you applied, the crew will vote to approve or deny your request for full membership.

APPLICATION CHECKLIST

- ☐ Read the Welcome Letter, General Membership Requirements, and Membership Categories sections of this packet.
- ☐ Submit all completed forms for processing by either dropping them off at the station or emailing them to deputychief@csrescue.org.
- ☐ Pass a Virginia State Police background check.
- ☐ Sign-up and observe during 4 observation shifts.
- ☐ Attend 1st Reading of your Application at Business Meeting.
- ☐ Get fingerprints taken and fill out a packet of information for an FBI National background check.
- ☐ Interview with the Membership Committee.
- ☐ Attend 2nd and Final Reading of your Application at Business Meeting. Crew votes to accept or reject as Probationary Member.
- ☐ Accepted for 6-month Probationary Membership
- ☐ Issued Uniform and personnel ID badge
- ☐ Assigned to Duty Team # _____
DTC: _____ DTC's # _____
- ☐ Given access information to eSchedule and Facebook group
- ☐ Signed up for EMT class (if applicable)
- ☐ Received EMT certification
- ☐ Completed 6-month probationary period as well as probationary packet.
- ☐ Voted on as Full (Junior, Senior, or Associate) Member of Cave Spring Rescue Squad.

If at any point you have any questions, please contact the Deputy Chief.
deputychief@csrescue.org



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MEMBERSHIP APPLICATION

Applying for:
(Please see eligibility requirements before selecting)

☐ Junior

☐ Senior

☐ Associate

☐ Academic

PERSONAL INFORMATION

Last Name:		First:	Middle:
Address:			
City:	State:	Zip:	
Home Phone #	Work Phone #	Cell Phone #	
Age:	Date of Birth:	Social Security #	
Email:			

CURRENT EMPLOYER INFORMATION

Employer's Name:		
Address:		
City:	State:	Zip:
Supervisor:	Phone #	Best time to Call:

CURRENT CERTIFICATIONS

Certification:	Expires on:
Certification:	Expires on:
Certification:	Expires on:
Certification:	Expires on:

Please attach a photocopy of all certifications

Have you ever been a member of any Fire or EMS Agency:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please detail below. Give the Agency Name, Dates of Service, and Reasons for Leaving. Also include a Supervising Officers Name and Title along with Telephone number where they can be reached.		

Have you ever been arrested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been charged with a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to either question, please explain in detail.					

Are you currently, or have you ever been a member of an organization that would prohibit you from, or influence your decision to render care to any patient with regard to their sex, race, or religion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain.		

Please list any current or past memberships held in any civic organizations, clubs, or associations.

PERSONAL REFERENCES**Do not list relatives or employers. High School students MUST list at least one teacher****REFERENCE ONE**

Name:

Address:

Home Phone #

Work or Cell #

Years Known:

Relationship:

REFERENCE TWO

Name:

Address:

Home Phone #

Work or Cell #

Years Known:

Relationship:

REFERENCE THREE

Name:

Address:

Home Phone #

Work or Cell #

Years Known:

Relationship:

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

First Name:

Last:

Relationship:

Address:

City:

State:

Zip:

Home Phone #

Work #

Cell #

How did you learn about Cave Spring Rescue Squad?

Please list any friends who are members of Cave Spring Rescue Squad

What are your primary reasons for seeking membership with Cave Spring Rescue Squad?

AGREEMENT & AUTHORIZATION

By signing below, I attest that the information in this application is true and complete. I understand that any false statements will be sufficient cause for termination of my subsequent membership. I understand that by signing this application, I agree to abide by all of the rules and regulations set forth by Cave Spring Rescue Squad. I understand that failure to abide by these rules may result in dismissal from Cave Spring Rescue Squad. I also agree that all equipment issued to me will be returned in satisfactory condition at the request of the squad or its agents. Failure to return any equipment will obligate me to pay for its replacement cost to Cave Spring Rescue Squad. I hereby authorize Cave Spring Rescue Squad to conduct a background investigation, which may include information as to my character, general reputation, and personal characteristics. I authorize school officials and past and present employers to provide any information as to my background.

Print Name:

Applicant's Signature:

Date:

IF APPLICANT IS A MINOR, SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED

By signing below, I am indicating that I am aware that my child is applying for membership with Cave Spring Rescue Squad, and I agree fully with the above authorization concerning allowing Cave Spring Rescue Squad to conduct a background investigation on my child, to include school records if necessary. I further understand that if accepted for membership, my child must comply with all rules and regulations set forth by Cave Spring Rescue Squad. I agree to be responsible for all equipment issued to my child, and will be responsible for replacement cost for any lost or damaged equipment.

Print Name:

Relationship:

Parent's Signature:

Date:



Roanoke County Fire & Rescue Department Volunteer Application

Volunteer Organization: _____	New Applicant <input type="checkbox"/>
Applicant Name: _____	Previous Volunteer <input type="checkbox"/>
Present Address: _____	Currently a Volunteer w/another RCFRD organization <input type="checkbox"/>
City: _____ State: _____ Zip: _____	

Date of Birth: _____	E-Mail _____
Home Phone: _____	Work Phone: _____ Mobile: _____
Employer: _____	Address: _____
Position held: _____	
Next of Kin: _____	Relationship: _____
Phone: _____	Address: _____

EDUCATION/QUALIFICATIONS

Please list highest level of education: _____

Current OEMS, VDFP or VAVRS Certifications held: _____

Do you have a valid Virginia driver's license: ☐ Yes ☐ No

REFERENCES

List three persons who are not related to you who know your qualifications or your character

Name	Address	Phone	Relationship	Occupation

BACKGROUND

Have you ever been convicted of any violation(s) of the law? ☐ Yes ☐ No

Please note the type of violation(s): ☐ Felony ☐ Misdemeanor ☐ Traffic (moving) violation-excluding minor traffic violations

Description of offense(s): _____

Date of Charge(s): _____ Date of Conviction(s): _____ County, City, State of Conviction(s) _____

If more than one offense, please include additional information on an attached plain sheet of paper.

CERTIFICATION

I certify that all information provided on this application is true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of acceptance or termination of volunteering status, regardless of when or how discovered.

I understand that all information on this application is subject to verification and I consent to criminal history checks. I further understand that I may have to pass a medical examination as a condition of my volunteering and that I may be required to provide a copy of my driving record. You are authorized to execute an affidavit for release of information from references, former employers and educational institutions regarding this application.

I acknowledge that I have read and understand the above statements and by submission of this application hereby grant permission to confirm the information supplied on this application.

If 16 or 17 years of age you must have
Parental consent signature _____ Date _____

Signature of Applicant _____ Date _____

_____	1.	Approval for applicant to meet w/ RCFRD Volunteer Office w/ pink copy by appointment (777-8706)
Sign _____ Date _____		
_____	2.	Accepted by organization for membership (send yellow copy to Volunteer Office)
Sign _____ Date _____		
_____	3.	Membership Denied
Sign _____ Date _____		

For RCFRD Office Use Only: ☐ Roster ☐ E-mail ☐ C/Cure ☐ Aegis/CAD ☐ T/B ☐ A/Tags

Cave Spring Rescue Squad

Observer Form

Full Name _____ D.O.B. _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ SSN _____

Emergency Contact Person and Relationship to you _____

Emergency Contact Numbers _____

Observer Release and Indemnification Agreement

This release and indemnification agreement, made this _____ day of _____, 20____
By and between _____ of _____ Virginia,
and Cave Spring Rescue Squad, Inc.

Witnesseth:

That for and in consideration of the sum of one dollar, receipt of which is hereby acknowledged, and in further consideration of the permission granted to me by the Cave Spring Rescue Squad, Inc., Roanoke County, Virginia to participate in its activities, including but not necessarily limited to training and responded to requests for routine and emergency services, I hereby release and indemnify the Cave Spring Rescue Squad, Inc., and Roanoke County Board of Supervisors, and Roanoke County Fire and Rescue Department, its members, agents and employees from all actions, causes of actions, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against Cave Spring Rescue Squad, Inc. and other above described parties for any personal injury and/or property damage known or unknown which may result from my participation in the above described activities. I recognize and acknowledge that said activities involve risk to my person and property and I knowingly assume all such risk.

I, the undersigned, am over/under the age of eighteen years of age, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. This release and agreement shall remain in effect for 90 days, or until revoked by me or an authorized agent of Cave Spring Rescue Squad, Inc.

In Witness whereof, I have executed this release on the day and year first above set forth at Roanoke, VA.

Date _____ Printed Name _____ Signature _____

Parent's Signature if Observer is a minor _____

Chief or Deputy Chief's Signature _____ Date _____

Cave Spring Rescue Squad

Criminal Record Acknowledgement

A criminal record will prevent an applicant from becoming a member of Cave Spring Rescue Squad, or any other Roanoke County Fire and Rescue Volunteer Organization. You must sign this form and return it with a completed Observer form to be eligible to become an Observer with Cave Spring Rescue Squad. Withholding or falsification of this information will be sufficient cause for rejection or revocation of the Observer Status or **subsequent membership**.

To be eligible to become an Observer you are required to meet and maintain the following qualifications:

Have **NEVER** been convicted of a felony involving any sexual crime

Not be convicted of any other act which is a felony under the laws of the Commonwealth of Virginia or of the United States, except that such felon is eligible to become an Observer 5 years after the date of final release and no additional felonies have been committed.

I affirm that I have never been convicted of a felony involving any sexual crime. I further affirm that I have not been convicted of any other felony under the laws of the Commonwealth of Virginia or of the United States of America within the last 5 years. Individuals convicted of non-sex related felony crimes are eligible for Observer status 5 years after their date of final release from the criminal justice system.

Printed Name: _____

Signed: _____ Date: _____

Parents Signature: _____

(If applicant is under 18)



POLICY SECTION: Administration	NUMBER: A-01-14	PAGES:
SUBJECT: Citizen Observer Program	APPLICABLE TO: All Personnel	
EFFECTIVE DATE: October 1, 2004	REVIEW DATE: October 2021	REVISED DATE: 03/11/2020

A handwritten signature in black ink, appearing to read "Stephen G. Simon".

Stephen G. Simon
Fire and Rescue Chief

This policy is for departmental use only and shall not apply in any criminal or civil proceedings. The Departmental policy should not be construed as a creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this directive will be the basis for departmental administrative sanctions. Violations of law will form the basis for departmental administrative sanctions. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting.

I. PURPOSE

The purpose of the Citizen Observer Program is to promote understanding of the responsibilities and achievements of the Roanoke County Fire & Rescue Department in any given day.

II. POLICY

The Citizen Observer Program allows citizens, as well as county employees, to gain a realistic and comprehensive view of the duties of fire and rescue personnel. The Department will grant program participation without regard to age (other than minors under the age of 16), race, sex, religion, creed, or national origin.

III. PROCEDURE

A. Eligibility/Application

1. Observers must demonstrate a strong interest in pre-hospital care or firefighting and in joining Roanoke County Fire & Rescue Department either as a volunteer or career member. Observers must be at least 16 years of age at the time of application and must have approval from their parent/guardian if they are 16 or 17 years of age. Special circumstances may be made for public officials, administrators, media, etc. to observe as circumstances permit.
2. All Citizen Observers must first complete a Citizen Observer & Waiver Form (attached). The form should be submitted to the Volunteer Chief of the organization the applicant wishes to ride with, or Administration Office for those wanting to ride with a career unit.

3. A complete and current Citizen Observer & Waiver Form for each observer must be on file with RCFRD Administration Office. Each form will be good for 90 days. In appropriate cases, the form may be continued for a maximum of 120 days of total observation period.
4. Each observer must have a standard criminal history record completed through the Volunteer Office before they are cleared to observe. The criminal history must meet the RCFRD guidelines to participate. Felony convictions or convictions involving moral turpitude will be grounds for disqualification. Other convictions may be grounds for disqualification on a case-by-case basis. The criminal history must be completed within 30 days prior to the first scheduled ride along.
5. No persons will be allowed to use this Citizen Observer Program to fulfill court-ordered community service time.
6. No citizen observer shall carry a weapon of any kind while on county property or while riding on apparatus.

B. Officer-in-Charge Responsibilities

1. The officer in charge may terminate any or all of the observer's privileges at any time for any reason.
2. The officer in charge has full and final approval as to who is permitted on the apparatus. The Officer in Charge may choose to run a call without the observer for any reason. Alternately, an observer may choose not to run a call for any reason.
3. NO observer shall ever be left in the building unattended. If the observer does not go on the call, the observer will be asked to leave the station and escorted from the building. If the team goes to dinner, etc., the observer should be asked to attend. If the observer declines the invitation, they will be asked to leave and return after the team comes back from their destination.

C. Participant Conduct/Responsibilities

1. Observers must wear appropriate clothing. Sandals, shorts, tank tops, sweatshirts, flip-flops, soiled clothing or clothes with holes are not appropriate clothing. The observer should be dressed appropriately for the weather (if it is cold, bring a coat, etc.) No shirts or other clothing with logos that are disrespectful, derogatory, or involve themes of a sexual nature, drugs or alcohol will be allowed. It is recommended that women not wear skirts or dresses. The Officer in Charge will make the final decisions involving clothing.
2. Observers are not permitted to wear ANY crew identification, i.e. coats, shirts, bunker gear. There will be NO EXCEPTIONS. Observers WILL NOT use the radios in the units, RCFRD/crew cellular phones, or operate ANY emergency systems (lights, sirens, squad equipment, etc.)
3. Observers who currently hold ANY certification will not be allowed to practice any skills while under observer status. Observers who hold no certifications will not be allowed to perform ANY EMS or firefighting activity.
4. Observers are not allowed to operate any county insured vehicles.

5. The observer is under the direction of Officer in Charge at all times. While on the scene, the observer is under the direction of the incident commander.
6. Observers must follow all directions of the officer in charge. No interference with patient care, scene command, safety, or normal operation of the crew will be permitted. Failure of the observer to promptly and fully comply with all directions of the Officer in Charge will result in immediate suspension from the program.
7. Observers are required to conduct themselves in a mature and respectful manner at all times--whether in the building, out to eat, on calls, etc.
8. Observers who are asked to identify themselves at any time should reply by saying that they are an observer, and they are to make no statements to anyone regarding patient care, fire scene or any operations. The Officer in Charge should make every effort to identify the observer to the patient, their family, or any other fire, rescue, police officer.
9. No Observer is to respond to the scene of any call in a personally owned or operated vehicle. This does not preclude an individual's obligation to stop and attempt to render aid if they are the first on the scene of a wreck, etc. No Observer is to run ANY calls unless they are in the building with the Officer in Charge's permission and assigned to a team for the duration of a shift.
10. The Observer must wear proper identification, as determined by the Officer in Charge, so as to be easily recognized by all citizens and Roanoke County personnel. Observer identification must be worn on the outside of all clothing and must be visible at all times, whether in the building, out to eat, on a call, etc.

D. Roanoke County Communication Officers

1. On-duty Communication Officers will be guided by the procedures contained in the Communication Center Handbook.
2. Communications Officers will submit to the Roanoke County Fire & Rescue Administrative Office a copy of the Fire & Rescue Citizen Observer Form for scheduling and tracking purposes. A copy of the form will also be given to the Communications Shift Supervisor for their tracking purposes.
3. Communication officers-in-training during work hours will have assigned times to participate in the Citizen Observer Program. They will be assigned by Fire & Rescue Administration.
4. When riding, Communication Officers will wear appropriate civilian attire. Should a question arise, appropriate attire will be determined by the Officer in Charge.
5. Communication Officers who are asked to identify themselves will identify themselves as a Roanoke County Communication Officer.

Roanoke County Fire & Rescue Department

Citizen Observer Program Application & Waiver Form

The Citizen Observer Program is designed to allow citizens to gain a realistic view of the fire and rescue operations of Roanoke County Fire & Rescue Department. It is our hope that the insight gained by participating in this program will be both informative and enjoyable. The following information is required to begin the application process. Fill out all three pages of this form. **Please note that Name, Sex, Race and Social Security Number are all required for Roanoke County Fire & Rescue Department to process the background check.**

Name: _____
(Last) (First) (Middle)

Sex: Male / Female Race: _____

Date of Birth: _____ Social Security Number: _____

Complete Address: _____

Telephone: _____ Email Address: _____

Occupation: _____

If Student- Name of School Attending: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

TELEPHONE: _____

Do you have any medical condition that might affect your ability to participate in this program? Yes _____ No _____ If yes, explain: _____

Are you a member of a Fire/Rescue Organization? _____

If so, which one: _____

Are you participating in a Fire/Rescue Training Program? _____

If so, what type of training? _____

Have you ever been convicted of a crime? _____ If yes, explain _____

Date/Hours requested to observe: Date: _____ Time: _____

Please plan your observation time at least 24 hours from the date of this application for planning purposes.

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 the 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 and all notice of the 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