**Dunn Emergency Services (DES)**

**OBSERVER APPLICATION**

**Date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

Last Name First Name Initial

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street / P.O. Box City State Zip Code

Home Phone (\_\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_ Work Phone (\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_

Cell Phone (\_\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you over the age of 18? YES [ ] NO [ ]

If No, Please provide the name of your parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (Name and Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **===================================================================** Have you ever been convicted of a crime? YES [ ] NO [ ] If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently a member of any Emergency Service Organization (Fire, Ambulance, Police, etc.) either paid or volunteer? YES [ ] NO [ ] If yes, organization(s) name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State your academic or professional interest in the Emergency Services field: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_==================================================================== I understand that acceptance of this application allows me to ride on DES vehicles while responding to calls. I am acting as an observer for the purpose of becoming familiar with DES operations. I agree to abide by the Departmental Rules and Regulations and conduct myself in a professional and lawful manner. I understand that business and patient information must be held in strictest confidence and to divulge such information outside of the organization could be grounds for possible legal action. DES has the following dress code that must be strictly adhered to. No blue jeans. No sneakers. Pants of a dark color. Plain white collared shirt with no emblems, insignias, designs or pictures. Shoes should be comfortable, and dark in color. A DES ID will be provided to you while observing. I have read, understand and initialed the regulations governing the conduct of observers on the attached form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (Under 18 only) Date

**Dunn Emergency Services (DES)**

**Rules and Policies For Observers**

**Observer- please read carefully and initial each item.**

\_\_\_\_ 1. These regulations apply to all persons properly authorized to participate in the observer program.

\_\_\_\_ 2. Only persons sixteen (16) years of age or older with legitimate academic or professional interest in Emergency Services may apply to participate in the observer program.

\_\_\_\_ 3. Observers shall wear an “Observer” ID found at each station while responding to incidents.

\_\_\_\_ 4. Observers shall not participate in any way in patient care, rescue, or fire activities, which includes handling of any equipment, unless specifically instructed to do so.

\_\_\_\_ 5. Observers must make no statement of any kind to the public, press, family, police, medical personnel, etc. All inquiries are to be directed to the DES member-in-charge.

\_\_\_\_ 6. No photographs shall be taken on any call and photographic equipment shall not be carried into houses or buildings unless specifically authorized by the Chief.

\_\_\_\_ 7. The observer is encouraged to gain as much exposure to DES activities as possible. However, his/her primary responsibility is to assure his/her own safety as well as that of the crew and patient.

\_\_\_\_ 8. Because of the nature of DES activities, the observer will be exposed to confidential information and medical histories. It is expected that this information will never be discussed or used other than for a call critique with the crew after the completion of the call.

\_\_\_\_ 9. Only one observer at a time shall be permitted to ride in any DES vehicle.

\_\_\_\_ 10. Observer Ride Time will be entered into the E schedule System utilized by DES.

 \_\_\_\_ 11. I understand and agree that the interpretation of these regulations and determinations of whether I have fully complied with same is in total discretion of the DES member-in-charge who may refuse the observer permission to participate.

\_\_\_\_ 12. I understand that my application is valid after approval for a period of 30 days.

\_\_\_\_ 13. I understand that being granted the right to observe the operations of DES only permits me to ride for no more than 24 hours within these 30 days.

STATE OF NORTH CAROLINA

COUNTY OF HARNETT

**WAIVER AND RELEASE OF ALL CLAIMS**

WITNESSETH:

 WHEREAS, Dunn Emergency Services, Inc. operates an emergency ambulance, rescue, and fire facility in about and near the city of Dunn, Harnett County, North Carolina; and

 WHEREAS, the inherent nature of the services rendered by Dunn Emergency Services, Inc. are risky and perilous; and,

 WHEREAS, the undersigned desires to become involved with Dunn Emergency Services, Inc. and in this regard has requested the appropriate officers of Dunn Emergency Services, Inc. to allow the undersigned to observe or become involved in its emergency ambulance, rescue, and fire operations, including, but not limited to, riding as a passenger in or on emergency motor vehicles used for this purpose by Dunn Emergency Services, Inc.;

 Now, THEREFORE, in consideration of the foregoing and the premises set forth herein and to induce Dunn Emergency Services, Inc. to allow the undersigned to become involved with, to observe and/or to participate in its operations, the undersigned does forever release, acquit, discharge and covenant to hold harmless Dunn Emergency Services, Inc., its successors and assigns, and officers, agents, and employees of and from any and all action, claims, demands, damages, costs, loss of services, expenses and compensation, on account of, or in any way growing out of involvement with Dunn Emergency Services, Inc., and while accompanying officers, agents, employees and personnel of Dunn Emergency Services, Inc. in the conduct of its emergency ambulance, rescue and fire services and operations, such release to include, but be not limited to, the release, discharge and full acquaintance of any claim for personal injuries and property damage which may result from the undersigned’s accompanying personnel, officers and agents of Dunn Emergency Services, Inc. in the performance of said emergency ambulance, rescue, and fire operations.

 The undersigned covenants and agrees that this waiver and release of all claims may be pled as a complete bar by the undersigned in any suit, action or claim instituted by the undersigned against Dunn Emergency Services, Inc., and its officers, agents, employees and members arising out of the matters and things set forth above.

 In addition, the undersigned covenants and agrees to abide by and conform to the rules and regulations of Dunn Emergency Services, Inc.; and to obey the officer in charge when accompanying members, officers, agents, employees and personnel of Dunn Emergency Services, Inc. in the discharge of their duties and responsibilities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME (PRINTED) SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME (PRINTED) SIGNATURE

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the \_\_\_\_\_ day of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_.

 (SEAL)