



Phoenix Fire Department Station Tour / Ride-Along Request Form



(M.P. 107.02a)

FOR ALL REQUESTS: Please read and sign the WAIVER AND RELEASE OF ALL CLAIMS. By submitting this form, you acknowledge that you have read and understand the meaning of this waiver and release of all claims. All completed forms should have an **ink signature (not a typed signature)** and be returned to Phoenix Fire Department, Fire Investigations, 150 S. 12th St., Phoenix, AZ 85034. Forms can also be returned electronically to pfd.n.fireinvestigations@phoenix.gov. Any incomplete forms will result in a processing delay. For questions, please contact fire investigations 602-262-6774

To request a Station Tour:

All adult chaperone's must complete all three pages of the form. All children (under the age of 18) must have page 3 completed and signed by a parent or guardian. All forms must be returned together with the number of adults and children, with an age range noted for the children.

Tour Guidelines

1. Tours must be scheduled 4 weeks in advance
2. Tours last approximately 30 minutes
3. At least one adult is required for every 5 children
4. All visitors must wear appropriate clothing and covered footwear (no swimsuits)
5. All stations are working, and crews remain on duty and available for response during all tours In the event a crew is called away during your visit we will reschedule for another day.

To request a Ride-Along: **To Request a Ride-Along you must be 18 years or older**

Complete the application below. If you are a member of the general public and not requesting the ride-along as part of the hiring process, please check the box "general request" and indicate the reason for your ride-along.

If you are participating in the ride-along as part of the hiring process, check the box "hiring process", and indicate the affinity group or firefighter who you are working with. If you do not have anyone assisting you, please check the box "request assistance from recruiting". Someone from the recruiting team will reach out to assist you with scheduling.

Application Information: Please Print Legibly

Name (Full Legal Name)	Phone Number	Today's Date:
Address	City	Email Address:
Birthdate	Driver's License Number	Driver's License State

Please Select one from the Following Options:

☐ General Public Request for Station Tour

Reason for Tour:		Preferred Station Choice (if applicable)	☐ Pick the station for me
Preferred Date	Time		

☐ General Public Request for Ride-Along: **Must be 18 Years or Older**

Reason for ride-along:		Preferred Station Choice (if applicable)	☐ Pick the station for me
Please Indicate Whether You Are:		Preferred Date	Time

☐ Hiring Process

☐ Request Assistance from Recruiting

☐ Curious About the Fire Department

Indicate if associated Affinity Group/Firefighter /Station Referral



City of Phoenix

City of Phoenix Fire Department

Ride-Along and Fire Station Tour Program

Waiver and Release of All Claims

This form must be completed, submitted and approved prior to participation

I, (please print) _____, the undersigned, in exchange for being allowed to participate in a Ride-Along and/or Fire Station Tour with the Phoenix Fire Department ("PFD"), agree, for myself, my child, my heirs and assigns, to waive, release and forever discharge any and all claims, rights and causes of action against the City of Phoenix, its officers, officials, employees, agents and volunteers ("City") for injury or damage caused or alleged to be caused in whole or in part by the City. I understand this means that I will not make any claims against or sue the City of Phoenix, its agents or employees for injuries or damage sustained by me or my child. I recognize that this means I will not recover any money from the City of Phoenix, its agents or employees, for injuries or damage sustained by me or my child.

Risks of Participation: I am aware that it is inherently dangerous to ride along with the PFD, tour a Fire Station and accompany PFD personnel in the performance of their duties; I am voluntarily participating in these activities with full knowledge of the danger involved. While participating in the Ride-Along Program or Fire Station Tour Program, I acknowledge that I may be subject to inherently dangerous activities, including but not limited to risks and dangers of serious bodily injury, including permanent disability, paralysis, death and property damage. Such risks are created by transport in PFD vehicles or my presence at fire stations or emergency incidents of various kinds, and arise from potential exposure to vehicle collisions and incidents, explosions, fires, hazardous materials, exposures to infectious diseases which may be fatal and incurable, falls, structural collapse of buildings or other structures or objects, the operation of heavy machinery, the actions of members of the PFD or members of the public, riot or civil unrest. I further understand that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of other participating in PFD operations and programs, or the negligence of City, its officers, employees and agents. I fully understand and agree that there may be other risks not known to me or that are not foreseeable at this time, and that the social and economic losses and/or damages that could result from these risks could be severe.

Standard of Conduct: I further agree that while participating in the Ride-Along Program or Fire Station Tour Program I will follow all instructions, orders, rules, and regulations concerning my participation. I understand that PFD may terminate my participation in the program at any time for any reason. I certify that I am physically capable of participating in this activity and I have the necessary degree of skill, training, experience or ability to participate at the level I choose. I do not expect the City to coach, manage, instruct, or train me.

Confidentiality: As a participant in PFD's Ride Along or Fire Station Tour Program, I understand that I am specifically prohibited from discussing individual patients, their treatment, and any other information that could be utilized to identify these patients with anyone except those departmental personnel who accompany me. Any disclosure of patient information as detailed above may subject me to civil and/or criminal penalties as prescribed by law, including the Health Insurance Portability and Accountability Act (HIPAA). I understand and agree to keep all information obtained in the station or while accompanying PFD personnel confidential.

Background Check: Approval to participate in these programs of the Phoenix Fire Department is contingent upon the results obtained through a criminal background check. In signing below, I hereby authorize and agree that a background check will be performed prior to participation. For that, I understand that I may be required to provide my full name, date of birth, gender, driver's license number, and last four digits of my social security number. I further understand that any decision made by the Phoenix Fire Department Security Manager, Executive Staff, or Command Officers regarding my participation is final and that my participation may be canceled at any time by PFD employees without cause or notice.

Waiver and Release of Claims: I have carefully read this agreement and fully understand its contents. I am aware that I am assuming all risks of this activity, that I am holding the City harmless from all claims, and that I am releasing the City from all liability arising out of my participation. I understand and expressly agree that this waiver and release of all claims is intended to be as broad and inclusive as permitted by the laws of Arizona. If any portion of this waiver is held invalid, I agree that the remainder shall continue in full force and affect.

Consent to Do Business by Electronic Means: If this signed form is delivered via e-mail or other electronic means, I consent to do business and enter into binding agreements electronically and intend for my signature to have the same force and effect as an original written signature executed in person.

Hand Drawn Digital Signature or Ink Signature ONLY - Acknowledging Receipt and Understanding of the Waiver:

(Typed Signatures will not be accepted)

Signature of Applicant/Declarant or Parent/Legal
Guardian of Applicant

Date

THIS SECTION IS TO BE COMPLETED IF PARTICIPANT IS UNDER THE AGE OF EIGHTEEN (18) YEARS.

I am the parent or legal guardian of the child identified below. I have read this document and fully understand and agree to the above waiver and release of all claims, and agree to be bound by its terms, for myself and on behalf of the child named below, and our heirs and assigns.

Please list the names and ages of the child/children attending the tour.

Only the Child/Children you are the Parent or Legal Guardian of should be listed:

Child 1:	Age:	Child 4:	Age:
Child 2:	Age:	Child 5:	Age:
Child 3	Age:	☐ Please indicate whether you the parent/ legal guardian will be attending the tour with your child	

OFFICE USE ONLY

Date completed form received:	Received By:
Date Background Check Complete:	Date E-Mail Sent:
Notes:	