



Manteca Fire Department

Citizen Ride-Along Request/Release



I authorize the Manteca Fire Department to conduct inquiries into the automated criminal history systems with the help of the Manteca Police Department.

I understand permission to ride with the Manteca Fire Department is a privilege, not a right. As a condition to this privilege, I agree to:

- Conduct myself in a professional manner.
- Not interfere in the employee's performance of his/her duty.
- Be dressed and groomed in a manner so as not to detract from the professional image of the Manteca Fire Department (Ripped jeans, tank tops, open-toe shoes, sandals, t-shirts or any article of clothing displaying any rude or offensive logos are expressly prohibited).
- Permit a record and wanted check investigation to be conducted on me.
- Not take any photographic or video images using any device, including a cellular telephone.

First Name

Last Name

Date of Birth

Street Address, City, State, and Zip Code

(_____) _____
Telephone Number

Driver License Number

E-Mail

Emergency Contact Person

(_____) _____
Emergency Telephone Number

Release from Liability

By signing this release, I, _____, acknowledge that I am aware that riding with the Manteca Fire Department and accompanying a Manteca Fire Department employee while performing his/her duties carry some inherent risks. The nature of the work itself means that I might become involved in a dangerous situation or other type of incident in which I may be hurt or my property damaged. I realize that being with a fire department employee does not protect me from these or any other dangers. Understanding this, for myself and my heirs, in consideration of my being permitted to participate in the Ride-Along Program, I forever discharge and hold harmless all employees of the Manteca Fire Department and the City of Manteca from any and all actions, claims, damages, or injuries arising out of, or resulting from, any incident occurring while riding in a vehicle owned or operated by the City of Manteca, or while engaged in any aspect of the Ride-Along Program in which I am requesting to participate.

Signature

Parent/Guardian Signature (Required if under 18 years of age.)

For Department Use Only:

Valid I.D. with Photograph Fire Prevention Check Complete MPD Records Check Complete

Approved to ride _____ hours on _____ (date).

Assigned to: Captain _____ Shift: _____ Station: _____

Battalion Chief: _____

Denied for the following reason(s): _____

To be completed at time of ride: Date: _____ Time In: _____ Time Out: _____

Verified by: _____ Shift: _____ Station: _____