



**Oxnard Fire Department  
Ride-Along Application**

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**To be completed by applicant**

Applicant name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  F

Address: \_\_\_\_\_  
Number Street City State Zip

Check One: \_\_\_ Enrolled in Fire Science program \_\_\_ Member of news media  
\_\_\_ Government Official \_\_\_ Member of other fire agency

In case of emergency or accident, contact (nearest relative):

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Name	Address	Phone Number
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Family doctor or medical services requested in case of injury or illness:

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Name	Phone Number
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**Agreement Assuming Risk of Injury or Damage  
Waiver and Release of Claims**

Whereas the undersigned, not being a sworn member, employee, or agent of the Oxnard Fire Department, has made a voluntary request for permission to participate as a ride-along in a fire department vehicle, at a time when such vehicle is operated and staffed by members of the Oxnard Fire Department and has further requested permission to accompany a member or members of said fire department during the active performance of their official duties as fire officers; and

Whereas, the undersigned acknowledges that the work and activities of said fire department are inherently dangerous involving possible risk of injury, damage, expense, or loss to person or property and further agrees that the said fire department did not take the initiative in extending an invitation to be a ride-along of or accompany its members.

Now, therefore, be it understood that the undersigned hereby agrees that the City of Oxnard, the Oxnard Fire Department, the driver or owner of any vehicle owned or operated by or in the service of the City of Oxnard, their officers, agents, employees, directors, or sureties, and each of them, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his or her estate, or heirs, for any claim or lawsuit for any injury, damage, expense, or loss to the person or property of the undersigned, incurred while participating as a ride-along in any Oxnard Fire Department vehicle or while accompanying a member of said department during the active performance of the member's official duties.

**I have read, understand the above, and I have not been on a ride-along in the last 90 days:**

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Must fill out reverse side**

**To be completed by applicant (continued)**

Date & Time of Requested Ride-Along: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ am/pm to \_\_\_\_ am/pm

**(No more than 8 hours, between 1000 and 2000 hours.)**

**Preferred Station:**

- Station 1 (K Street)
- Station 2 (Pleasant Valley Road)
- Station 3 (Hill Street)
- Station 4 (Vineyard Avenue)
- Station 5 (Colonia Road)
- Station 6 (Peninsula Road)
- Station 7 (Turnout Park Circle)
- Station 8 (Rose Avenue)

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**To be completed by Administration**

Verbal approval by station captain: \_\_\_\_\_

Approved: \_\_\_\_\_ Called Applicant on \_\_\_\_\_  
Battalion Chief Date

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**To be completed by Station Captain**

**Please complete and return to Fire Administration after ride-along has been completed.**

Date and time of ride-along: \_\_\_\_\_

Number of hours ride-along was in attendance: \_\_\_\_\_

Did ride-along interfere with your duties: \_\_\_\_\_ If so, how? \_\_\_\_\_

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

Note any unusual activity which might be of significance later, comment of ride-along, problems encountered, or any activities you felt were significant: \_\_\_\_\_

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

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Station Captain Signature

Date