

WILLAMETTE VALLEY COMMUNICATIONS CENTER **OBSERVATION APPLICATION**

NAME: Last:	First:	MI:
DOB:SEX:DRIVERS LIG	CENSE #:	STATE:
HOME ADDRESS:		
EMAIL:		
HOME PHONE:	_ SECONDARY PHONE	:
DATE/TIME YOU PREFER TO OBSERVE: _		
DATE/TIME OF ACTUAL OBSERVATION:		
	DATE	END
REASON FOR OBSERVATION REQUEST:		
Please schedule as far in advance as possible. A minimum of 24	hours is needed. You will be conta-	cted by email or telephone, to confirm
whether or not there is a vacancy for the date and time you have s		*****
The applicant named above hereby acknowledges	and declares that this applic	cation is being submitted with

the following understanding and stipulations:

- 1. The applicant will observe as an occupant of facilities owned by the agency and operated by employees of the agency. Such facilities are furnished to the applicant purely gratuitously, as a revocable privilege, so that the applicant may observe the daily, routine operation of the agency.
- 2. Police/Fire work involves, by its very nature, many hazards beyond the power of the police/fire departments and its emergency services personnel to control. At all times while observing, applicant agrees to, without question or hesitation, abide by the directions of the agency's emergency services personnel; and further recognizes that those directions may not effectively eliminate risk to the applicant, which risk the applicant assumes.
- 3. The applicant recognizes that in an emergency, a police officer/fire fighter may not be able to both perform his/her duty and dismiss the applicant from his/her presence, thereby subjecting the applicant to the same risks as are presented to the emergency services personnel. The applicant recognizes that they must and do assume the risk.
- 4. The applicant recognizes that criminal charges and/or civil suits arise from many of the situations that confront emergency services personnel in their daily work. The applicant agrees that they will keep confidential all observations and conversations which come to their attention as a result of their participation in this program. They recognize that they may become civilly liable for any disclosure

of this confidentiality they make.

- 5. The applicant recognizes that during participating in the observation, the applicant will become witness to a variety of offenses, violations, and emergency incidents in progress. The emergency services personnel will provide the applicant's name and address as a witness whenever applicable. The applicant acknowledges that as a witness, they may be subpoensed to testify in court.
- 6. The applicant recognizes that if medical assistance, including first aid and/or ambulance service, is necessary, the emergency services personnel will arrange for the same, consent for which is hereby given, and agrees to pay any and all costs incurred or accruing in connection therewith.
- 7. In consideration of the acceptance of this application and granting by the agency of the privilege of acting as an observer, the applicant does hereby forever release, discharge and acquit the agency, its officers, agents and employees from any and all claims for death, personal injury and/or damage to property of any nature which may arise from or in connection with their participation hereunder.
- 8. The observation may be canceled or terminated at the discretion of the on-duty shift supervisor.
- 10. THE APPLICANT DECLARES THAT HE/SHE HAS CAREFULLY READ AND FULLY UNDERSTANDS THE FOREGOING: and, by their signature affixed hereto, accepts the same and assents thereto in its entirety.

APPLICANTS SIGNATURE:	DATE:
*************	******************
Parent or guardian must sign the following if the ap	oplicant is under 18 years of age:
I haine the perent or loca	I guardian of the above applicant do homely contify that I have constilly
	l guardian of the above applicant, do hereby certify that I have carefully
	ns; and do hereby personally and on behalf of the said applicant accept
and assent to their participation, including the	CONSENT TO MEDICAL ASSISTANCE (paragraph 7) and the
RELEASE OF LIABILITY (paragraph 8) set forth	therein.
4 0 1	
PARENT OR GUARDIAN SIGNATURE:	DATE:

FOR AGENCY USE ONLY	
RECORDS CHECK BY:	DATE:
CCH/WANTED CHECK	Mark43/COPLINK:
COM WINTED CHECK.	THE REPORT OF LIEUR.
APPLICATION APPROVED BY:	DATE:

(Communications Director or designee)