WILLAMETTE VALLEY COMMUNICATIONS CENTER **OBSERVATION APPLICATION**

NAME: Last:	First:	MI:
DOB:DRIVERS LICENSE #	:	STATE:
HOME ADDRESS:		
EMAIL:	IE	
HOME PHONE:	_ SECONDARY PHONE	:
DATE/TIME YOU PREFER TO OBSERVE: _		
DATE/TIME OF ACTUAL OBSERVATION:	DATE	START
	DATE	END
REASON FOR OBSERVATION REQUEST:		
Please schedule as far in advance as possible. A minimum of		e contacted by email or telephone, to
confirm whether there is a vacancy for the date and time you have	selected.	
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the following understanding and stipulations:		
1. The applicant will observe as an occupa employees of the agency. Such facilities	are furnished to the appli	

- revocable privilege, that the applicant may observe daily, routine operations of the agency.
- Emergency Communications work involves, by its very nature, many opportunities to be exposed to extremely stressful and traumatic incidents. The observer may be placed in a position to hear callers describing disturbing, vulgar, and sometimes gruesome details about emergency situations. At any time while observing, the observer is triggered by anything they are hearing, they are permitted and encouraged to remove their headset and themselves from the situation. The observer understands and assumes any risk associated with hearing such detail.
- 3. 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 because of their participation in this program. The observer must recognize that they may become civilly liable for any breach of this confidentiality they make.

- 4. The applicant recognizes that during the observation, they can or will become witness to a variety of offenses, violations, and emergency incidents in progress. The observers name and address may be given as a witness whenever applicable. The applicant acknowledges that as a witness, they may be subpoenaed to testify in court.
- 5. 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 all costs incurred or accruing in connection therewith.
- 6. 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 release, discharge, and acquit, indefinitely, 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.
- 7. The observation may be denied, canceled, or terminated at the discretion of the on-duty shift supervisor.
- 8. THE APPLICANT DECLARES THAT THEY HAVE CAREFULLY READ AND FULLY UNDERSTAND THE FOREGOING: and, by their signature affixed hereto, accepts the same and agrees thereto in its entirety.

APPLICANTS SIGNATURE:	DATE:
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Parent or guardian must sign the following if the applicant is un	der 18 years of age:
I,, being the parent or legal guardian of	f the above applicant, do hereby certify that I have c <mark>ar</mark> efully
read and fully understand the foregoing applications; and do h	ereby 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.	
PARENT OR GUARDIAN SIGNATURE:	DATE:

GA	
CCH/WANTS CHECK RECORDS CHECK: 1	Mark43 CrimeTracer BY S#
APPLICATION APPROVED BY:	DATE:
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(Communications	Director or designee)