



SPOTSYLVANIA
VOLUNTEER RESCUE SQUAD
 PO BOX 101 SPOTSYLVANIA, VA 22553



"We Volunteer Because Your Life Depends On It"

Observer Agreement (circle one) EMS Student Civilian

Full Legal Name (Last, First, Middle/Maiden): _____

Sex: M F Race: _____ DOB: _____

Address: _____ State _____ Zip _____

Phone: _____ Email: _____

I, _____ (observer) agree to:

1. Abide by all rules and regulations (SVRS Policy #D-02)
2. Under the HIPAA Act maintain absolute confidentiality of all medical, personal, and call information observed. Failure to do so is a federal violation of which I can be held accountable.
3. Release SVRS and its members of any and all liability for loss, injury, or illness incurred while participating in the observer program.
4. I understand there is a potential risk for exposure to bloodborne pathogens or airborne/droplet diseases when participating in the observation program.
5. Should I become exposed to blood or other potentially infection materials, I will be advised to seek medical attention at the location specified in the infection control plan. I further understand SVRS is NOT responsible to cover the costs associated with post exposure medical treatment / counseling.
6. I understand my ride-a-long must be approved and scheduled by an officer.
7. I will conform to the dress standards outlined to me. Dress attire is navy blue, black, or khaki pants and plain navy blue or white t-shirt or collared shirt. No jeans or shorts.
8. If I am under the age of 18 my parent / guardian must sign and agree to all of the above.
9. **A criminal / sex offender police check will be completed by SVRS. We require the necessary data to submit the criminal background check to include full name, date of birth, race, and maiden name if applicable.**

 Observer

 Date

 Parent/Guardian (if under 18)

 Date

 Phone number of parent/guardian

 Witness

 Date

 Authorization from SVRS Officer

 Date