

Dear Observer,

In order to observe, the Harrisonburg Rescue Squad requires the following:

- PRINT this document and bring the last two pages to your observer shift.
- Read the last two pages of this document in their entirety and sign and date where prompted.

General Information

- Parking is available behind the building
- Please show up at least 10 minutes prior to the beginning of your observer shift
- If the bay doors are closed, you may knock, try the doorbell on the front of the building, or call the station at 540-434-2323 and someone will open the door for you
- Once you arrive, check in with the Attendant-In-Charge (AIC) for your crew and/or the Duty Officer for the shift in order to get you set up before running ANY 911 calls
- You **MUST** sign up for your shift via the online schedule and fill out the **Observer Release Form and Confidentiality Statement** below **BEFORE** you begin your observer shift and go on a 911 call

Dress Code

We ask our observers to dress in professional casual attire, this includes:

- Black, khaki, or single-tone pants or jeans of proper fit with no holes or tears
- Collared shirt of proper fit without a logo
- Durable, closed-toed shoes (such as work boots, boat shoes, or neutral toned sneakers)
- Minimal jewelry (if at all)
- Make-up and hair of naturally occurring color

Inappropriate clothing includes:

- Sweatpants, yoga pants, exercise pants, shorts, bib overalls, leggings, and any spandex or other form-fitting pants.
- Flashy athletic shoes, sandals, flip-flops, crocs and slippers

If clothing fails to meet the above standards as determined by the Harrisonburg Rescue Squad Duty Officer or Attendant-in-Charge, the observer will be asked to leave the premises to change and your shift may be cancelled.

Enjoy your Observer shift!

Membership Committee
Harrisonburg Rescue Squad, Inc.
<http://www.harrisonburgrescue.org>
540-434-2323

HARRISONBURG
RESCUE

1700 Reservoir Street
Harrisonburg, Virginia, 22801
540-434-2323

Name: _____

Permanent Address: _____

Phone Number: _____

E-mail: _____

Attendant-in-Charge Name (ask upon your arrival and hand this form to them): _____

**OBSERVER RELEASE FORM
CONFIDENTIALITY
STATEMENT
Harrisonburg Rescue Squad**

Date of Observation: _____

Time of Observation: *BEGIN:* _____ *END:* _____

How did you hear about HRS?:

- Postcard E-Mail Website Public event (specify): _____
- Friend Social media Radio Other (specify): _____

Thank you for your interest in the Harrisonburg Rescue Squad. Please check the appropriate boxes for additional information we may provide you with following your Observer shift.

- I want information about joining
- I want information about taking a CPR class
- I want information about taking an EMT course
- Other: _____

Please list any questions you have in the space below:

Are you a member of the press?: YES NO

This agreement is made and entered on the date stated above between the above named Observer and the Harrisonburg Rescue Squad, Inc. for and in consideration of the privilege of observing the normal activities of the Harrisonburg Rescue Squad, Inc. in such a manner as the Chief of the squad shall deem appropriate.

The above named observer does hereby release, relieve, acquit, and forever discharge the Harrisonburg Rescue Squad, its officers, board of directors, and entire membership whatsoever of and from any and all claims, demands, suits, actions or causes of actions for personal injury, property damage, medical and hospital expenses, loss of wages, loss of the use of property and from any and all other claims, demands, suits, actions, or causes of action whether like or different in character, which the above named Observer has had, has or may hereafter have in any manner connected with, arising from, or growing out of the events occurring within the time period stated above.

The privacy of all medical records and other individually identifiable health information must be protected at all times. Information relating to a patient's health care history, diagnosis, condition, treatment, or evaluation shall be considered individually identifiable health information. Confidentiality of this health information shall be maintained at all times, and may only be disclosed with the express written consent of the patient. No photos of any kind may be taken at any point during the observation shift, either at the station or on calls.

I further state that I have carefully read the foregoing release, know the contents thereof, and sign the same as my own free act and deed.

Observer Signature: _____ Date: _____

Parent/Guardian Signature: (if under 18) _____ Date: _____

Attendant-In-Charge Name: _____

Attendant-In-Charge Signature: _____ Date: _____

OBSERVER EVALUATION FORM

ATTENTION: This is to be filled by the Attendant-In-Charge, NOT the Observer



Observer Name	AIC Name & Signature		Shift Date: _____
			Shift Time (HH:MM) Begin: _____ End: _____
<p>Instructions: Rate the Observer on the following criteria AND ELABORATE on both the rated criteria and your general impression of the observer and events that occurred while during the observer shift. Once completed, turn the form into the Membership Drop Box in the Radio Room or the Membership Box in the Day Room.</p>			

Recommendation for Membership

- Recommend for membership without reservation
- Recommend for membership WITH reservation
- Do not recommend for membership or additional observer shifts
- No recommendation or unsure at this time

Ratings – Check true or false for each category or not sure ([N.S.]) and write comments below.

	True	False	[N.S.]	Statement
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. I feel comfortable with the observer on my crew
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I believe the observer would be an asset on an ambulance
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. The observer was interested in EMS and/or HRS

Comments (REQUIRED): Explain below your opinion of the observer for the shift. Use this space to elaborate on any of the criteria you rated above and any outstanding events or instances that took place during the observer shift. Please use the back of the paper if necessary.

Ratings – Check one rating for each category or check not known [N.K.].

Attendance	Unacceptable	↔	Acceptable	↔	Superior	[N.K.]
1. Was the observer on time?	<input type="checkbox"/> 1		<input type="checkbox"/> 2			
<i>Appearance</i>						
2. Meets requirements of observer dress code	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/>
<i>Professionalism</i>						
3. Respect for pt. and members	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/>
4. Appropriate interactions	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 3	<input type="checkbox"/>