



Morristown Ambulance Squad, Inc.

Volunteers for Community Service since 1961

PO Box 553 • Morristown, NJ 07963-0553

Phone: 973-538-1783 • Fax: 973-267-4799

www.morristownambulance.org

OBSERVER PERMISSION

Name: _____ Phone: _____

Home Address: _____ Age: 16-17 18 or over

City, State & Zip: _____

E-Mail Address: _____

Reason for Ride-Along: _____

How did you hear about MAS? _____

Applicants must be at least sixteen (16) years of age, be a citizen of the United States of America, possess a valid alien residency card or a valid visa and reside, work or attend school within twenty (20) miles of the Town of Morristown. Do you meet these membership requirements? Yes No Unknown N/A (I'm not applying, just observing)

Emergency Notification Contact(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Permission to observe calls with the Morristown Ambulance Squad is contingent on Operations Officers approval, availability of space, crew assignments and is based upon the following criteria:

- The observer shall be at least sixteen (16) years of age.
- The observer shall be appropriately dressed (sturdy footwear, neat blue or black jeans/slacks, non-offensive, non-logo shirt/sweatshirt - shorts are not permitted at anytime).
- The observer will be under the direct supervision of the Crew Leader and must follow his/her directions.
- The experience will be strictly observational, with no direct patient care given.
- The observer will not drive the vehicles nor operate communications equipment.
- The observer will maintain strict confidentiality at all times.

I understand that I could be exposed to **adverse weather conditions, communicable diseases, death, abusive language and socially unacceptable behavior**. Members of the Morristown Ambulance Squad are trained in handling these and other situations. As I am not so trained, I understand that I will not provide patient care and that every effort will be made to protect me from dangerous situations.

I release the Morristown Ambulance Squad from any liability. I have read the observer policy and will adhere to it

Signature of observer: _____ Date: _____

Parent or guardian (if under 18): _____ Date: _____

Morristown Ambulance Squad, Inc. has a written non-discrimination policy that includes (but is not limited to) race, creed, color, national origin, ancestry, age, marital status and sexual orientation.

MAS USE ONLY:

Approved by: 801 802 803 _____ Shift: _____