



# Second Alarmer's Association and Rescue Squad

of Montgomery County

Emergency Calls: Dial 911

Administrative Office  
307 Davisville Road PO Box 90  
Willow Grove, PA 19090  
Administrative Phone 215.659.1885  
Fax 215.659.3177

Dear Observer,

Thank you for your interest in Second Alarmer's Rescue Squad! The purpose of our "*Ambulance Observer Program*" is to introduce you to Second Alarmer's and provide an opportunity to observe aspects of 911 EMS operations for one or two shifts without the membership commitments of the organization. This program is designed for individuals who are interested in potential volunteer membership or employment, for informative reasons, for members of the media, or for other reasons as approved. Although not required, this observation phase is strongly encouraged for all prospective volunteer members.

Once approved, participants will be assigned to an ambulance crew or officer for a scheduled shift and will remain under their supervision and direction at all times. Participants are considered strictly an "observer" and will not be involved in any patient care or related activities. However, if you are a student in a pre-approved training program and assigned to a preceptor for the purpose of performing clinical skills, patient care and related activities is permitted.

Attached is the Observer Participation Form – Any person, sixteen (16) years of age or older, who would like the opportunity to participate should follow the instructions below to ensure smooth and quick processing of your request to participate in the *Ambulance Observer Program*.

1. Fill out the form completely leaving no blanks. If a question does not apply, then write "N/A".
2. Read the *Terms & Conditions* section in its entirety and initial each item. In addition, read the *Release of Liability* section in its entirety and sign. If the participant is less than eighteen (18) years of age, SARS requires that a parent or legal guardian also sign the *Release of Liability* section prior to participating.
3. Submit a copy of your state-issued driver's license (preferred) *-or-* photo ID. An official form of photo identification (i.e. school issued ID) will be accepted *only* if you do not have a state issued license or ID.
4. **Participants are encouraged to electronically complete and submit digital or printed/scanned forms including all supporting documentation by emailing them to [Volunteer@main.sars.org](mailto:Volunteer@main.sars.org).** Applications may also be faxed, mailed or hand delivered to the Administrative Office address listed above, "ATTN: Ambulance Observer Program".
5. The Chief of Operation (or his/her designee) must approve all participants prior to the first scheduled shift. Upon ***complete submission*** of the form, a member of Second Alarmer's Rescue Squad will contact you to schedule and confirm the date(s) and time(s) of your observation shift(s).

If you have any further questions regarding your scheduled observer shift or volunteer membership in general, please do not hesitate to contact me at 215.659.1885 ext. 405 or [Colton.Marsh@main.sars.org](mailto:Colton.Marsh@main.sars.org). On behalf of everyone at Second Alarmer's, we hope you enjoy observing EMS at SARS!

Sincerely,

Colton R. Marsh

Chair of Volunteer Personnel Committee

*Proudly Serving the Townships of Abington, Upper Dubin, Upper Moreland, Whitpain  
and the Boroughs of Hatboro, Jenkintown, Rockledge and Surrounding Communities*



# Second Alarmer's Rescue Squad Ambulance Observer Program

## Observer Participation Form

Today's Date (MM/DD/YYYY)

### PARTICIPANT INFORMATION

First Name

Last Name

Street Address 1

Street Address 2

City

State

Zip Code

Phone (000) 000-0000

Phone Type

Mobile  Home  Business

Date of Birth (MM/DD/YYYY)

E-mail Address (email@domain.com)

Are you eighteen (18) years of age or older?

Yes  No

### EMERGENCY CONTACT INFORMATION

First Name

Last Name

Relationship

Primary Phone (000) 000-0000

Phone Type

Mobile  Home  Business

Secondary Phone (000) 000-0000

Phone Type

Mobile  Home  Business

First Name

Last Name

Relationship

Primary Phone (000) 000-0000

Phone Type

Mobile  Home  Business

Secondary Phone (000) 000-0000

Phone Type

Mobile  Home  Business

Have you ever participated in the Observer Program before?

Yes  No

If "yes", list the previous date(s). (MM/DD/YYYY)

What is the reason for participating in the Observer Program?

- Potential Volunteer
- Potential Employee

- Media
- Education

- Student
- Other: \_\_\_\_\_

How did you hear about Second Alarmer's Rescue Squad and/or the Observer Program?

- Website
- E-mail
- Mail

- Annual Subscription Drive Mailer
- Advertisement
- Social Media: \_\_\_\_\_

- SARS Member: \_\_\_\_\_
- Public Event: \_\_\_\_\_
- Other: \_\_\_\_\_



# Second Alarmer's Rescue Squad Ambulance Observer Program

## Observer Participation Form

### TERMS & CONDITIONS

Participant Initials

1. Only individuals with legitimate academic or professional interest in emergency medical services and public safety shall be allowed to participate in this program. The SARS Officer-in-Charge (OIC) has sole authority to determine legitimate interest and to refuse permission to participate.
2. The Observer shall be assigned to the specified station(s) and crew(s) on the specified date(s) and time(s) listed below. The Observer shall then remain under the supervision and direction of assigned crew and/or the SARS Corpsman-in-Charge (CIC) while on SARS property, in SARS apparatus and/or on emergency scenes.
3. The Observer shall be considered strictly an "observer" and shall not be involved in any patient care or related activities unless specifically directed to do so by the SARS OIC or ambulance crew. 
  - a. If the Observer is a student participating in a pre-approved training program and assigned to a preceptor for the purpose of performing clinical skills, patient care and related activities is permitted. The student may only precept while under the direct observation of the assigned preceptor and may only function within his/her scope of practice. **At no point will the student be the sole provider for any patient.** (Initial if applicable)
4. The Observer shall remain out of the way of all emergency services personnel at the scene of an emergency and shall follow all directions given by the SARS OIC or ambulance crew.
5. Failure to comply immediately with directions given by the SARS OIC, CIC, or ambulance crew shall result in immediate expulsion from the Observer Program or immediate expulsion and failure of the enrolled course(s) for students participating in a pre-approved training program.
6. Due to the nature of the emergency calls EMS responds to, a potential exists for exposure to bloodborne pathogens, airborne pathogens, and/or body fluids. The Observer shall not be permitted to participate in the treatment/observation of patients when the CIC believes such treatment/observation would pose a risk for or cause an exposure to the Observer. In such cases, the Observer shall be secluded from the patient in whatever means the CIC deems most appropriate given the situation and circumstances of the call.
7. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is a federal regulation that governs how healthcare agencies gather, use, store, and disseminate information and data about patients. Because of the nature of EMS, the Observer will be exposed to confidential medical information. This information shall not be discussed or disclosed in any manor whatsoever. Any violation of this provision shall result in immediate expulsion from the Observer Program or immediate expulsion and failure of the enrolled course(s) for students participating in a pre-approved training program. **Any violation of HIPAA may result in civil and criminal penalties.**
8. The Observer shall make no statement(s) of any kind to the public, press, family, police, fire, rescue, EMS, etc. regarding information about the patient(s) or emergency call(s) in general without permission and approval from the Chief and/or President of the organization. All questions or concerns shall be directed to the SARS OIC or ambulance crew.
9. The Observer shall not take photographs of any kind on any emergency scene, including that from a cellular device.
10. The Observer shall wear clothing identifying "Second Alarmer's Rescue Squad" and that he/she is an "Observer". Otherwise, students participating in a pre-approved training program shall wear their program's approved attire.
11. The Observer shall wear clothing that acts as an appropriate layer of protection and covers an acceptable amount of exposed skin. Sturdy, work-type shoes or boots with no open toes or heels shall be worn in addition to any personal protective equipment, as appropriate, while on emergency calls.
12. The Observer shall wear a seat belt at all times while the apparatus is in motion and shall wait until the apparatus comes to a complete stop and the CIC gives permission to exit the apparatus.
13. Participation in the Observer Program is a privilege that can be revoked at any time. Participants are encouraged to observe all possible aspects, ask questions, and learn more about EMS. Be reminded that participants are guests of SARS. Please show appropriate decorum and respect for SARS members, facilities, apparatus, and equipment.

**Directions:** Participant should initial in the respective column after reading and understanding each item listed.



# Second Alarmer's Rescue Squad Ambulance Observer Program

## Observer Participation Form

### RELEASE OF LIABILITY

Whereas, the undersigned desires to participate in the Observer Program of Second Alarmer's Association and Rescue Squad of Montgomery County (SARS) and SARS has agreed to allow the undersigned to participate in said program.

1. Now, therefore, I have read, agreed to, and initialed the above "Terms & Conditions" regarding the Observer Program and fully understand it's content and agree to follow all associated SARS rules and procedures.
2. I have had all of my questions or concerns answered to my satisfaction.
3. I agree that if I should be injured while participating in this program I will release SARS and it's officers, members, and employees from any and all liability and responsibility and further agree that I, myself, will assume all liability and responsibility on my own.
4. I understand that I am only permitted to participate in the program for the date(s) and time(s) assigned and indicated below.

By the signature below, I hereby acknowledge that I have read the above and agree to the terms and conditions of the program.

Participant Signature

Date

SARS requires that all participants less than eighteen years of age receive parent or legal guardian consent prior to participating in the program.

By the signature below I hereby grant the above listed minor permission to participate in the program and furthermore acknowledge that I, also, have read the above and agree to the terms and conditions of the program.

Signature of Parent/Guardian (If under 18)

Relationship

Date

### ASSIGNMENT & APPROVAL (FOR SARS USE ONLY)

Start Date

Start Time

End Date

End Time

Assigned Station

Assigned Crew

Signature of Approval

Date

Additional Notes