



Columbia Fire & Rescue

City of Columbia

Ride-A-Long Program



Ride-Along Program Application

1. Anyone participating in the Columbia Fire & Rescue (hereinafter "Department") Ride-Along Program will adhere to the guidelines of the program as stated in ____.
2. The Ride-Along Program release and waiver of liability must be executed prior to participating.
3. The Ride-Along Participant agrees to a criminal background check by Columbia Fire & Rescue.
4. Once completed, submit this form either in person or by mail to Columbia Fire & Rescue, 1000 S. Garden Street, Columbia, Tennessee 38401, Attention Chief Ty Cobb.

Please include a LEGIBLE copy of your driver's license (and that of your parent who signed the release if under 18) when submitting your forms.

Name: _____ Sex: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-Mail: _____

Date of Birth: _____ Social Security No: _____

State/DL#: _____

Signature _____

Date: _____

Please check all that apply:

Certified FF Certified EMT Certified Paramedic Vol. FF

Work as Paid FF/EMT or FF/Paramedic with _____

Interested in being a FF/EMT or FF/Paramedic

Interested in working for Columbia Fire & Rescue