

Service de la protection civile Division des Services médicaux d'urgence

Public Safety Department *Emergency Medical Services Division*



OBSERVER REQUEST FORM

All observer application forms must be fully completed and submitted to the Scheduling Officer a minimum of 3 days before the observer shift. Observers are responsible for arriving on time, wearing the appropriate clothing and abiding by the rule and regulation of EMS. Minimum age for an observer is 18 years old. All information will remain confidential.

DATE OF OBSERVER S	HIFT					
				DAY E	/ENING	
PERSONAL INFORMA	TION					
NAME						
ADRESS				<u>,</u>		
CITY		PROVINCE		POSTA	LCODE	
PHONE NUMBER		OTHER PHONE NUMB	BER			
E-MAIL						
PROVINCIAL I.D. + D.O.B						
PURPOSE FOR REQUE	STING OBSERVER S	SHIFT				
EMERGENCY CONTAC	CT					
NAME			PHONE 1			
RELATIONSHIP			PHONE 2			
				'		
WAIVER						
I acknowledge that I made the decision to observe Côte Saint-Luc Emergency Medical Services ("EMS") freely and that I am responsible for my actions and fully aware of all the potential dangers associated with my participation as an EMS observer. Therefore, I agree that neither I nor my						
heirs or successors or insurers shall ever make a claim against the City of Côte Saint-Luc related to or arising from my participation as an EMS						
observer. I agree that I and my heirs successors and insurers will hold harmless the City of Côte Saint-Luc, its Mayor and Councilors, its employees,						
volunteer and agents from all claims, liabilities, suits, actions, damages whatsoever for any personal injury or death or loss or damage of property, however caused, resulting from my participation as an EMS observer.						
I acknowledge that during the course of my participation as an EMS observer I may have access to confidential information of the City of Côte						
Saint-Luc, its programs and services, its residents or visitors and I promise that I will not at any time disclose to any person, firm or corporation any such confidential information that I may have acquired in the course of or incidental to my observation.						
		igent action or omission or through				
shall be the decision of the		of the repairs or replacement of suc	ch equipmer	nt. The decision as	to whether	to repair or replace
SIGNATURE OF OBSERVERDATE:						
FOR INTERNAL USE ONLY						
ASSIGNED SHIFT DATE:					DAY	EVENING
DRIVER:		MEDIC:		APPROVED BY:		