



SENECA COUNTY Emergency Medical Services



REQUEST TO RIDE AS AN OBSERVER FORM

I request to ride, one time, as an observer on the Seneca County EMS vehicle

I am at least 18 years of age

I have read and agree to follow the Seneca County EMS Observer policy

I have read and signed a Release for Observer form

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Home Phone: _____ Daytime Number: _____

Date and shift desired: _____

Second Choice: _____

Reason for wishing to observe: _____

Signature: _____ Date: _____

Return this form to the Seneca County EMS Director **PRIOR** to the shift you wish to observe. Your scheduling will be confirmed.

Shift Approved by: _____ Date: _____

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