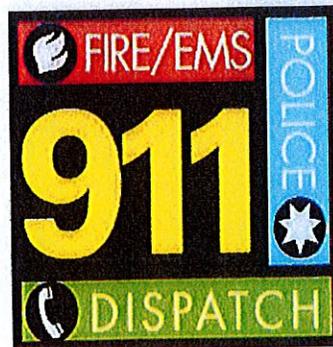




# **PUBLIC SAFETY TELECOMMUNICATOR OBSERVATION PROGRAM**

## **ERIE COUNTY 911**



# Erie County Department of Public Safety Observer Program

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## Eligible Participants

Erie County 9-1-1 encourages public safety partners and student observation in the dispatch center environment. Our observation program allows students, and interested members of the public safety community to sit as observers with our on-duty Telecommunications staff.

All persons wishing to participate in the public safety Telecommunicator observation program must be at least 18 years of age. However, the signature of a parent or guardian allows applicants under the age of 18 years of age to participate.

## Program Rules and Guidelines

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1. Submitting a request does not guarantee approval. Requests may be rejected for any reason, without explanation.
2. All participants in the observation program must read, agree, and abide by all rules and guidelines and complete an application before being scheduled to observe.
3. Participants must have a valid photo ID or drivers license with them when reporting for their scheduled observation shift.
4. Participants shall be considered observers only, and shall be under the direct supervision on the assigned dispatcher during their assigned observation.
5. Participants shall conduct themselves in a civil and courteous manner at all times.
6. No tape recordings, cameras, cellular devices, or similar devices are allowed without prior approval.
7. For security and safety reasons, participants are not allowed to handle or use any of the dispatcher's equipment or the equipment in the communications facility.
8. Failure to comply with any of the above listed rules and guidelines will result in the immediate termination of the observation.

## Application Procedure

To request to observe with a Telecommunicator, applicants must print out and complete the observation application and submit the completed application to:

Erie County 911  
C/O: 911 Coordinator  
2880 Flower Road  
Erie, PA 16509

Applicants must apply at least two weeks in advance of the requested observation date so records checks and scheduling can be accommodated. If you have any questions please call 814-451-7920.

**COMMUNICATIONS OBSERVATION PROGRAM APPLICATION**

PRINT NAME (LAST, FIRST, MIDDLE, MAIDEN)				SOCIAL SECURITY NUMBER			DATE	
STREET ADDRESS			CITY	STATE	ZIP	RESIDENCE PHONE		
DRIVERS LICENSE NUMBER	SEX	RACE	AGE	DATE OF BIRTH (MM/DD/YY)	HT (FT/IN)	WT	HAIR	EYES
OCCUPATION			NAME OF EMPLOYER/SCHOOL				BUSINESS PHONE	
DO YOU HAVE ANY PAST ARRESTS OR PENDING COURT CASES?			NO	YES LIST AGENCY AND DISPOSITION. USE BACK OF THIS FORM IF NECESSARY				
WHY DO YOU WANT TO OBSERVE? WHO RECOMMENDED THAT YOU DO? (EXAMPLE: DISPATCHER, POLICE OFFICER, SCHOOL INSTRUCTOR, ETC.)								
LIST PREVIOUS PARTICIPATION IN ANY SIT-ALONG PROGRAM. INCLUDE AGENCY AND DATE PARTICIPATED								
REQUEST DAY/SHIFT OF PARTICIPATION. CHECK AS MANY AS PRACTICAL								
SHIFT	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
DAY								
EVENING								
NIGHT								

**BACKGROUND AUTHORIZATION**

I understand that a criminal check and a warrant check will be conducted as part of the application process. I hereby authorize any law enforcement agency, agencies of the government of the United States of America, and agencies of the State of Pennsylvania to release to the County of Erie any and all information which said agencies or any of them have about me, for the limited purpose of aiding the Erie County Department of Public Safety in evaluating my eligibility for participation in the observation program. This release extends to any and all information which said agencies or any of them may have about me, whether public, personal or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies and I further understand that these reports are privileged. I hereby release, discharge, and agree to hold harmless the agencies, their agents and representatives and any persons furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspecting of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

**READ THIS DOCUMENT COMPLETELY BEFORE SIGNING**

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR APPLICANTS UNDER THE AGE OF EIGHTEEN (18) YEARS WHO WISH TO PARTICIPATE.

Signature of Applicant: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

**FOR DEPARTMENTAL USE ONLY**

DATE/TIME OF OBSERVATION \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ DISPATCHER \_\_\_\_\_

Whereas the undersigned:

being and employee or agent of Erie County

not being a member, employee or agent of the County of Erie

has made a voluntary request for permission to observe as a guest in the Public Safety Communications Center with a member of the Erie County Department of Public Safety during the active performance of that member's official duties as a 9-1-1 Telecommunicator.

Now, therefore, in consideration of Erie County, PA cooperating in making available to the undersigned the necessary personnel and the use of its equipment and facilities for the aforesaid purpose, the undersigned expressly agrees to and knowingly HEREBY DOES ASSUME ALL RISKS arising in the course of said activity, including personal injury, property damage or death, on behalf of myself, my heirs, executors, administrators, and assigns, and does hereby voluntarily release, discharge, waive and relinquish any and all claims and causes of action from personal injury, property damage or wrongful death against the County of Erie, its dispatchers, employees and agents, which may occur during my participation during observation. I understand that any aspect of public safety can be a dangerous activity, and I agree to participate with knowledge of the damages.

The undersigned specifically agrees to defend, indemnify and hold harmless the County, its dispatchers, officers, agents and employees, from and against any and all claims, loss, damage and liability for injury to the undersigned person or property, including any such claim, loss, damage and liability caused by the negligence of the dispatchers, agents, officers and employees, or acts of others. The undersigned also specifically agrees to indemnify and hold harmless dispatchers, officers, agents and employees from and against any and all claims, loss, damage and liability for injury to the person or property of another or others, directly or indirectly caused by the undersigned's misfeasance or malfeasance occurring while a guest or observer in any vehicle or while accompanying a member of said department during the active performance of his or her official duties as an Erie County 9-1-1 Telecommunicator.

**READ THIS DOCUMENT COMPLETELY BEFORE SIGNING**

I have read and voluntarily signed this "release and waiver of Liability and Indemnity Agreement" and acknowledge the significance of it. I agree that no oral representations, statements or inducements have been made to me which are not set forth in this document.

NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR THOSE UNDER THE AGE OF EIGHTEEN (18)

Signature of Applicant: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	PUBLIC SAFETY DIRECTOR  <input type="checkbox"/> CRIMINAL HISTORY CLEAR
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	9-1-1 COORDINATOR  <input type="checkbox"/> PAST OBSERVATION CLEAR
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SHIFT COMMANDER  Done by: _____
<p><u>COMMENTS:</u></p>	

## Observer / Non-Employee Confidentiality Agreement

I, \_\_\_\_\_, being advised of the standards and regulations that are applicable to the receipt of privileged communications, agree to the following:

- Not to divulge the content or nature of 911 phone conversations, in private or public, to individuals who are not members of the Erie County Department of Public Safety, the first responding agency involved in the response to such call, or a person or agency investigating the circumstances of the emergency or resulting circumstances.
- Not to discuss the content or nature of radio transmissions under the auspices of the Erie County Department of Public Safety.
- Not to divulge the content or nature of any written communication, report, or computer aided dispatch (CAD) data or information.
- To abide by, and follow, instruction and regulations relative to the Commonwealth Law Enforcement Assistance Network (CLEAN), and National Crime Information Center (NCIC) operations.

If I violate the terms and conditions of this agreement, such violation may result in the termination of my participation in any observation with Erie County Public Safety observation program, in addition to other sanctions applicable under the law.

I understand that my failure to follow the standards and regulations connected with the content of this agreement may result in, when appropriated, criminal prosecution and/or personal civil liability.

\_\_\_\_\_  
Observer

\_\_\_\_\_  
Date