



Ride-Along Evaluation

SECTION I - To Be Completed By Prospective Member

Please rate, on a scale of 1 to 5, your overall assessment of the orientation relative to the statements provided below, with "1" indicating strong disagreement and "5" indicating strong agreement.

	Strongly Disagree			Strongly Agree	
	1	2	3	4	5
The ride-along was useful in learning about the HVFD.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members were helpful in answering my questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel welcome to become part of the Department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the expectations and responsibilities of being a member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the rewards of being a member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many calls (*emergency responses*) did you have the opportunity to observe? ONE TWO OTHER_____

How many ride-alongs have you completed with the HVFD? ONE TWO OTHER_____

YES NO Do you have additional questions related to your responsibilities as a member? (*If yes, please explain*)

YES NO Would you like to meet with representatives of the Membership Committee to discuss the rewards and challenges of membership in greater detail? (*If yes, please explain*)

YES NO Do you have any suggestions that would improve the Hyattsville Volunteer Fire Department's recruiting, retention, or training efforts for new members? (*If yes, please explain*)

YES NO Do you have prior fire or emergency medical services experience? (*If yes, please explain*)

YES NO Did you have the opportunity to review our prospective member guide? (*If yes, please explain*)

YES NO Are you confident that you can fulfill the expectations listed in the prospective member guide? (*If no, please explain*)

YES NO Do you want to continue the application process and become a member of the Department? (*If no, please explain*)

ADDITIONAL COMMENTS:

X

PROSPECTIVE MEMBER SIGNATURE

DATE

Once completed, please place this evaluation form back in your application packet. You will return it with the other county application documents at your scheduled review.



Ride-Along Evaluation (continued)

SECTION II - To Be Completed By An Officer Or Current Member

- YES NO Did the prospective member arrive on time for their ride-along? *(If no, please explain)*

- YES NO Was the prospective member wearing appropriate clothing for their ride-along? *(If no, please explain)*

- YES NO Was the prospective member respectful toward other members and the public? *(If no, please explain)*

- YES NO Did the prospective member seem interested to be there and take an active role? *(If no, please explain)*

- YES NO Did the prospective member obey directions and instructions? *(If no, please explain)*

- YES NO Was the prospective member's conduct absent any unsafe or prohibited activities? *(If no, please explain)*

- YES NO Does the prospective member demonstrate the characteristics necessary to be a Firefighter/EMT or EMS-only member? *(If no, please explain)*

- YES NO Would you recommend the prospective member for membership? *(If no, please explain)*

Check this box if more space is necessary and/or additional comments are attached

ADDITIONAL COMMENTS:

X

CURRENT MEMBER SIGNATURE

/ /

DATE