



## METCOM Citizen Observer (Sit-Along) Program

### **ELIGIBILITY**

The Marion County Area Multi Agency Emergency Telecommunications (METCOM) Center's Sit-Along Program is offered to residents, students, applicants, and those who work within the Fire/EMS, Communications and Law Enforcement disciplines. Every attempt will be made to accommodate interested persons however; any applicant may be disqualified without cause.

The following factors may be considered in disqualifying an applicant and are not limited to:

- Being under the age of 15-years
- Prior criminal history
- Pending criminal action
- Pending Lawsuit against a Public Service Agency
- Denial by any Supervisor or Director of the Agency

### **AVAILABILITY**

The Sit-Along Program is available on most days of the week, within certain exceptions established by the Agency. The Site-Along times are usually scheduled from 10:00 a.m. to 11:00 p.m. Exceptions to this schedule may be made as approved by an Operations Supervisor or Director.

### **PROCEDURE TO REQUEST A SIT-ALONG**

Generally Sit-Along requests will be scheduled by an Operations Supervisor. The participant will complete a METCOM Observer Program Application and Confidentiality Agreement form. Information requested will include a valid ID or Oregon Driver's License, Date of Birth, Address, Social Security Number and telephone number. If the participant is under 18-years of age, a parent/guardian must be present to complete the Observer Agreement form.

An Operations Supervisor will schedule a date and time for the Sit-Along, based on availability. If the Sit-Along is denied after the request has been made, the Agency will contact the applicant and advise him/her of the denial.

### **SUITABLE ATTIRE**

Any person approved for a Sit-Along is required to be suitably dressed and neatly groomed. Clothing should be clean and in good repair. Good personal hygiene shall be maintained in such a manner that body odor, smoke and other odors are not detectable; this includes hair sprays, perfumes, scented lotions, etc. Examples of unacceptable attire include: sheer garments, halter or tank tops, items designed to be worn as undergarments, short shorts, low/revealing tops, oversized or baggy garments such as leggings and spandex pants designed to be worn as athletic wear.

### **CRIMINAL HISTORY CHECK**

All Sit-Along applicants are subject to a criminal history check. The criminal history check will include a local records check, and inquiries to the National Crime Information Center (NCIC), Computerized Criminal History (CCH), and a Department of Motor Vehicles (DMV) records checks via the Law Enforcement Data System (LEDS) prior to the approval as a Sit-Along participant with METCOM. The printed inquiry responses will be attached to the request and forwarded to the Agency Supervisor and/or Director who will approve or disapprove the Sit-Along Request.



## METCOM OBSERVER (Sit-Along) PROGRAM APPLICATION AND CONFIDENTIALITY AGREEMENT

(Please fill in all spaces)

I understand that I will be a guest at METCOM while participating in the Sit-Along Program. I further understand that I may be summoned as a witness in any proceeding as a result of my observations.

This observation is for my educational benefit. At all time, I agree to obey the instructions of the Agency personnel as it pertains to my Sit-Along. I fully realize and appreciate the basic nature of a 9-1-1 dispatch center and the possibility that situations may arise which might result in my exposure through telephone and radio transmissions to graphic description of an event, hysterical, angry, upset, mentally altered callers, or other traumatic events. I also understand that I may be exposed to information that is confidential in nature and agree to keep anything which I may observe or hear confidential. I understand that my Sit-Along may be terminated at any time without notice.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone #: \_\_\_\_\_  Cell  Home  Other

Address: \_\_\_\_\_

Have you ever been arrested?  Yes  No      Were you convicted?  Yes  No

If "Yes" to above, when and what was the charge? \_\_\_\_\_  
\_\_\_\_\_

Date and Time you would like to observe: Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Why would you like to participate in the program? \_\_\_\_\_  
\_\_\_\_\_

### CONFIDENTIALITY AGREEMENT

I, the undersigned, \_\_\_\_\_, do hereby consent to participate in the METCOM Observer (Sit-Along) Program and to adhere to the criteria set forth in this application. Due to the sensitive and confidential nature of the information transmitted in public safety communications; I agree to not discuss, with anyone, information obtained during my observation time with METCOM. I authorize METCOM to conduct a complete records check of me prior to the scheduling of the Sit-Along and understand that any information of any adverse or criminal nature may disqualify. I freely and voluntarily sign this Agreement.

\_\_\_\_\_  
Applicant/Participant Signature

\_\_\_\_\_  
Parent's Signature (if under 18)

**Parental Endorsement (For applicants under age 18): I have read and understand the Agreement and agree to its provisions as they apply to my son/daughter.**

CJIS checked & clear  Yes  Not clear  
CCH checked & clear  Yes  Not clear

LEDS checked & clear  Yes  Not clear  
NCIC checked & clear  Yes  Not clear  
DMV checked & clear  Yes  Not clear

Sit-Along Scheduled: Date: \_\_\_\_\_ Time: \_\_\_\_\_ With Who: \_\_\_\_\_

Contacted Applicant:  Sit-Along Request:  Approved  Denied, if so why? \_\_\_\_\_

Request completed by: \_\_\_\_\_