



**TITLE: UNPROTECTED AREA RESPONSE  
AUTHORIZATION FORM**

EMS Policy No. **3204A**

Fire District/Department Name has reviewed the purpose and procedures outlined in San Joaquin County Emergency Medical Services Agency (SJCEMSA) EMS Policy No. 3205, Response to EMS Incidents in the Unprotected Area and EMS Policy No. 3204, Rescue-Auto Extrication Response and Reimbursement to the Unprotected Area, and desires to volunteer to provide Rescue-Auto Extrication services to the Unprotected Area in San Joaquin County.

Fire District/Department Name hereby:

1. Authorizes SJCEMSA to request such services and dispatch our organization in accordance with EMS agency policies 3205 and 3204 until such time written notice of termination of participation by our organization is provided;
2. Attests that our organization will ensure appropriate resources, equipment, and staffing are provided to any response requested pursuant to EMS Agency policies 3205 and 3204;
3. Agrees that the submission of this Form does not create an employee/employer relationship between SJCEMSA and our organization or its personnel; and
4. Assumes all risks, and releases SJCEMSA from, any injury or harm resulting from any response to the Unprotected Area taken pursuant to EMS policies 3205 and 3204.

Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Fire District/Department: \_\_\_\_\_

Effective: January 3, 2023  
Supersedes: N/A

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Approved: Signature on file  
Medical Director

Signature on file  
EMS Administrator