



# WAUSEON FIRE DEPARTMENT

## RIDE-ALONG PROGRAM APPLICATION

Full Name		Date of Birth
Home Address		HM/WK Phone
Email Address:		
Place of Employment or School		Gender (circle): Male      Female
Position/Title		Major/Study
Place of Employment/School Address		Business/School Phone
Organization(s) Represented		
Date requesting "Ride-Along"		Time Requesting to "Ride-Along"
Give reason for your request to participate in Ride-Along Program: _____ _____		
Have you previously participated in a ride-along with WFD? <input type="checkbox"/> Yes / Date: _____ <input type="checkbox"/> No		
How did you become aware of this program?		
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list offense, location and date: _____ _____		
In the event of an emergency, the following person should be contacted:		
Name: _____ Phone: _____ Relation: _____		
I have read and understand the Rules of Conduct and Procedures for the Ride-Along Program of the Wauseon Fire Department. The above information is true and accurate to the best of my knowledge.		
Signature of Applicant: _____ Printed Name: _____		
<b>FOR DEPARTMENT USE ONLY</b>		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Return completed form to the Wauseon Fire Department	
Signature: _____	City of Wauseon Fire Department 230 Clinton Street, Wauseon, OH 43567 If you have any questions, please call 419-335-7831 ext. 1005	
Comments: _____ _____ _____		

# FIRE DEPARTMENT



## CITY OF WAUSEON

### RIDE-ALONG PROGRAM

Welcome to the Wauseon Fire Department's Ride-Along Program. All participants must read and sign the Rules and Regulations of the Ride-Along Program.

### PROCEDURAL GUIDELINES

Non-department personnel are those individuals who are not affiliated with any agency within the Wauseon Fire Department. This requirement shall only be waived when non-department personnel accompany a patient during transport in a medic unit. It is the responsibility of the Fire Chief, or his designee, to approve all requests prior to non-department personnel riding on department apparatus. Individuals interested in the riding-along on department apparatus who are under the age of 18 shall obtain a parent or guardian signature on the waiver and must have a public service or agency affiliation (sponsor) to participate in the program. Examples include, but are not limited to, programs for High School, Technical School, College, EMS Class, or occupational training programs who are Accredited that require the student to complete specified hours of ride-along time for certification completion.

### RULES AND REGULATIONS AGREEMENT

- Emergency service observation hours shall be limited to 0800 – 1800 hours no weekends unless EMS Student participating in Ride-Time for certification as long as Captain is present.
- Under “NO” circumstances shall ride-along(s) stay overnight at Fire stations.
- Ride-Along(s) are **restricted** from entering any sleeping quarters at the Fire stations.
- Ride-Along(s) are limited to the following Ride-Along(s) per year:
  - ✓ Emergency Service Personnel – Four (4) per year
  - ✓ Collegiate Mentoring Programs – Four (4) per year
  - ✓ EMS Students – Evaluated according to students needs and requirements.

This time limit may be waived for the purposes of student/provider awareness. The Department has the authority to approve or deny any request for participation in this program, or alter such request in the best interest of the department. Students enrolled in an Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), or Paramedic Class will be given special consideration.

#### I. Dress and Appearance

- a. Ride-Along shall be neat and clean in appearance. Their personal hygiene and grooming must be acceptable to the shift and station commander. While participating in the Ride-Along Program, the Rider is, in effect, representing their accredited school.

- b. Ride-Along shall wear suitable attire. Dark pants and school sponsored shirts are recommended (no jeans). No writing or artwork is allowed on clothing, except small brand logos are acceptable. The following clothing items are prohibited: open toe shoes, sandals, high heels, shorts, tank tops, garments with offensive messages, garments that are excessively loose, and/or excessive loose jewelry with the exception of a ring and a watch.
- c. Ride-Along must wear flat, closed-toe shoes (steel-toed is strongly recommended).
- d. Jacket: Dark solid color recommended.
- e. Ride-Alongs from agencies outside of Wauseon may wear their agency uniform with prior approval. Student ride-alongs may wear their school sponsored uniforms with prior approval.
- f. Hair: Long hair shall be pulled back and tied so as not to interfere with activities.

## II. Rules of Conduct

- a. Ride-Along(s) are required to conduct themselves in a manner that will not interfere with Fire Department operations.
  - b. Ride-Along(s) are expected to act in a manner which reflects a positive image on the Fire Department.
  - c. Ride-Along(s) are encouraged to ask questions, please do so at appropriate times.
  - d. No firearms or other weapons may be brought onto department property or carried during the ride along.
  - e. No alcoholic beverages or drugs are to be brought onto city or department property nor consumed prior to the ride. The smell of alcoholic beverages or marijuana, etc., on the breath will prohibit you from participating.
  - f. Participants shall wear a seat belt as per State Law and department policy.
  - g. Participants shall carry a valid Driver's license or identification with them during the ride along at all times.
  - h. At no time will observers be permitted to take pictures, use a video camera or any other audiovisual recording device while on the scene of an incident. Requests for media ride-alongs will be dealt with separately through the Fire Chief.
  - i. Ride-Along(s) will treat private health information as strictly confidential. Disclosure of private health information outside of the organizations who are working with the patient is strictly forbidden. No response documents or copies, on which individually identifiable information such as name, address, SSN, etc shall be removed, disclosed or transmitted off site.
  - j. Use of tobacco products is not permitted in any station or vehicle. Ride-Along Participants will be responsible for bringing his/her own meals or can make arrangements to buy-in for meals with officer in charge.
1. Must be in good health and must not be suffering from any illness or injury, including cold, flu or respiratory infection on the day of the ride-along.
    - a. Are you in good health and not suffering from any of the above? \_\_\_\_ Yes \_\_\_\_ No  
 \_\_\_\_\_ Initial
  2. Photographs, video-and audio-recording during a ride-along observation are strictly prohibited.

3. Observers may not enter the private areas of the fire department unescorted.
4. All ride-along observers are unable to ride-along after 8:00pm on any given day.
5. Are you over 18 years of age? \_\_\_Yes \_\_\_No \_\_\_\_\_Initial
6. Do you have prior criminal history, pending criminal action, or a pending lawsuit against the Department? \_\_\_Yes \_\_\_No \_\_\_\_\_Initial
7. Ride Along Participant should know the following items:
  - a. Follow the lawful directions of any department member.
  - b. Not become involved in any investigation, discussions with victims or handling any fire equipment.
  - c. The participant or the officer may terminate the ride along at any time and reasonable effort will be made to return the observer to his/her home or to the fire station if the ride is terminated.
  - d. Officers will not allow ride-along to be present in any residence or situation that would jeopardize their safety or cause undue stress or embarrassment to a victim or any other citizen.

Please sign below that you are aware and understand the following Rules and Regulations laid out in this document.

IN WITNESS WHEREFORE, I have hereunto set my hand this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Witness:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Ride-Along Participant

\_\_\_\_\_  
Custodial Parent/Legal Guardian

**WAUSEON FIRE DEPARTMENT**  
**Ride-Along Program HIPAA Observer Agreement**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 limits departmental disclosure of the protected health information of any patient to specific uses such as the provision of treatment or other health care services, for billing and payment purposes, and for health care operational purposes. Additionally, the department is authorized to release health information for a number of specialized purposes (to assist in the prevention or control of public health risks, selected assistance to law enforcement agencies, assistance to federal officials in the interests of national security, etc.).

As a participant in the department's Ride-Along Program, you are specifically prohibited from discussing individual patients, their treatment, and any other information that could be utilized to identify these patients with anyone except those departmental personnel who will be conducting your ride along activities. Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by law.

Should special circumstances necessitate that you utilize or disseminate such information (e.g. school reports, patient reports); the EMS Division office will assist you in ensuring that the material is in such form that it cannot be utilized to identify a specific incident. No health-related information may be utilized without review and subsequent authorization of the Fire Chief or his designee.

As a participant in the Wauseon Fire Department Ride-Along Program, I understand the restrictions outlined above and I agree to abide by the requirements of this agreement. I understand that I may be subject to civil or criminal penalties should I violate the prohibitions set forth in the Health Insurance Portability and Accountability Act of 1996.

\_\_\_\_\_  
Ride-Along Participant / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Ride-Along Participant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**General Waiver of Liability**

**Wauseon Fire Department**

I, \_\_\_\_\_ (participant), acknowledge that I have voluntarily applied to participate or give consent in the following activities with the City of Wauseon Fire Department:

\_\_\_\_\_

(Description of activities, which Participant will engage in)

**I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.**

As consideration for being permitted to participate in these activities, I further state and reiterate and agree that neither the City of Wauseon,, Wauseon Fire Department, Ohio, nor any members of the Wauseon Fire Department, or their sureties, shall be responsible or liable for any injury, damage, loss or expense, either to me or my property, which may be incurred during the activity or while accompanying any member or employee of said department during the performance of their official duties, or resulting from any negligent act or omission on the part of any member of the Wauseon Fire Department.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will, it be being my intention to hold and save the City of Wauseon harmless from any and all liability whatever which might be incurred in consideration of it granting me the privilege of gaining experience and knowledge in my capacity.

Signature \_\_\_\_\_ (Participant)

Signature \_\_\_\_\_ (Parent or Guardian)

DATED at Wauseon, Ohio, this \_\_\_\_\_, 20\_\_\_\_

SUBSCRIBED, SWORN TO AND ACKNOWLEDGE before me this date: \_\_\_\_\_

\_\_\_\_\_ Notary Public State of Ohio

My commission expires: \_\_\_\_\_

**IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM WHERE INDICATED**