

Alameda Fire & EMS Division, City of Alameda

Application to the "Ride-Along" Program

Application must be filled out prior to participation. NO ONE will be allowed to participate unless all necessary paperwork is completely filled out and signed.

APPLICANT INFORMATION		
Full Name	Date of Birth	
Home Address	Phone Number	
Place of Employment or School	Gender (circle): Male Female	
Position/Title	Major/Study	
Place of Employment/School Address	Business/School Phone #:	
Organization(s) Represented		
What is your interest in participating in this program?		
How did you become aware of this program?		
Date you are requesting to "Ride-Along"	Time you wish to "Ride-Along" (Must be after 8:00 a.m. but before 5 p.m. no more than 8 hours total.)	Fire Dept. Unit Requested
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list offense, location, and date: _____ _____		
Do you have a physical impairment that would prohibit you from participating in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ _____		
I have read and understand the procedure for the Ride-Along Program of the Alameda Fire Department. The above information is true and accurate to the best of my knowledge. <div style="text-align: center;">_____</div> Signature of Applicant		
FOR FIRE DEPARTMENT USE ONLY		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Participation: _____ Time Assigned: _____ Signature: _____ Comments: _____ _____ _____	Rode with: _____ Date of participation: _____ Time(s) participated: From _____ to _____ <input type="checkbox"/> Failed to appear <input type="checkbox"/> Refused to allow applicant to ride Explain: _____ <input type="checkbox"/> Terminated applicant's ride before scheduled time Explain: _____	

Return completed form to Allison Rigau at arigau@alamedaca.gov



City of Alameda Fire Department
EMS Division



Pre-Ride Along Review and Release and Indemnity Agreement

I _____ have attached copies of the following documents.

- Application to the Ride-Along Program signed off by Operations Chief
- Signed copy of Guidelines for Ride Along Program Participants
- Medical report of TB screening within the last twelve (12) months
- Copy of EMT card if available Non-EMT

I _____ In consideration of being permitted to participate in the Ride-Along program and ride in a vehicle owned and operated by the City of Alameda, for the express purpose of observing operations and facilities of the City of Alameda Fire Department, the undersigned agrees to release and hold harmless the City of Alameda, its agents, employees and elected officials from and against all claims, costs and damages which arise out of or in any manner result from my participation in the Ride-Along program and related activities.

I further agree to indemnify, defend and hold harmless the City of Alameda, its agents and employees, any and all sums of money, damages, attorneys' fees, costs or expenses that may be here after required, resulting from any injury or damage which I may cause during my participation in the Ride-Along program and related activities.

I have carefully read the foregoing RELEASE AND INDEMNITY AGREEMENT and understand its contents.

I have read and understand the above RELEASE AND INDEMNITY and further agree to its provisions as they apply to my son/daughter _____. I further agree to assume full responsibility for my son/daughter, as it would pertain to the provisions set forth above.

I have been provided with a copy of Alameda Fire Department Ride-Along Program Overview and after careful reviewed signed it.

I am scheduled to participate on _____ at Station _____ on Unit# _____.

SIGNATURES OF PARTICIPANT

Signature of Participant: _____ Date: _____

Operational Guidelines for Ride-Along Program Participants

1. Clothing requirements: (a) Shoes: Black or brown, closed-toe (steel-toed is strongly recommended) with a good non-slip sole (NO tennis shoes); (b) Pants: Black or dark blue (NO jeans); (c) Shirt: White or light blue (NO T-shirts). Participants from FF1 training programs may wear their class uniform if approved by the Operations Chief. Remember that you will be outside, so bring a jacket (dark color recommended with no logos) appropriate for the possible weather conditions the day of your ride. Eye protection and gloves will be required on every call regardless of your proximity to an event (eye protection and gloves will be provided by AFD). An ID badge will be worn at all times while on or in city property.
2. Ride-Along participants shall be at the station before their scheduled time (9:30AM if scheduled for 10 AM). If the Ambulance or Fire company is out of the station at an incident, please wait for their return. Do not ask for or accept a ride with a different unit. Ride-Alongs may bring their own prepared food items with or make arrangements for food with the Station Captain.
3. Ride-Along participants are reminded that they are riding along ONLY as an OBSERVER. Standard procedures for blood borne pathogens are in effect. If you have questions or concerns, ask. **Note:** Always observe at a safe distance and stand clear of the EMS personnel. Also, when on a street call (a motor vehicle collision); stay out of the roadway. It is very easy for Ride-Along participants to get caught up in observing emergency personnel on scene and forget that they are in the road.
4. At all times, Ride-Along participants will be under the control of the officer-in-charge (OIC). Failure to follow the directions of the OIC will result in removal of the privilege to participate as a Ride-Along participant. The senior Alameda Fire Department member is in charge on an ambulance. If there are any problems during your assigned shift, you or the crew may request that the observation shift be terminated. At that time, the Ride-Along participant must leave, all discussion of the events will occur at a later time; there is to be no debate.
5. If the unit you are assigned to is dispatched on a run prior to the scheduled end of your time and you are on scene, then you will be on the run until it comes back to the station. You may return later than the period you requested; it happens often, so please plan ahead for this type of event.
6. Do not stay at the station past your assigned time (unless you are out on a run). Remember that the department personnel consider the station their home while on shift. Leave promptly when your scheduled time is up.
7. Under no circumstances will a Ride-Along participant be permitted to enter a building that is on fire until such time as the Incident Commander has declared the fire under control, all smoke has been cleared from the building, and the building has been determined to be safe for entry by non-operational personnel. Fire department personnel shall directly supervise such entry.

Ride Along participants will treat PHI (private health information) as strictly confidential. Disclosure of PHI 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.

“Golden Rule of HIPAA”: **What you see here,
What you hear here,
When you leave here,
Let it stay here!**

8. Please ask any questions or get clarification before you go to the station regarding expectations. Above all, have fun observing the fast-paced work of Emergency Services.

Signature of Participant: _____ Date: _____



Ride Along Program Survey

Name of Participant: _____ Follow-Up Phone# _____

Date of participation: _____ Station: _____ Times: from _____ to _____

How did you find out about the Ride Along Program? _____

What part of your experience did you find the most valuable? Why? _____

How might the ride along experience be improved? _____

Would you like to be considered for additional ride along time? Yes No

Additional Comments: _____
