BIGFORK FIRE DEPARTMENT

CITIZEN RIDE-ALONG GUIDELINES

1. A completed ride along application must be submitted. Incomplete forms will not be considered.

2. When no previous arrangements have been made, a ride along application form must be submitted at least a week in advance of the requested ride along date.

3. The waiver and confidentiality forms (Guest/Trainee Confidentiality and Non-Disclosure Agreement) must be read and signed prior to the ride along.

4. If the rider is under the age of eighteen, a parental permission form must be submitted, and parent or guardian must accompany the participant to the Bigfork Fire Station and must witness the participant's signature on the waiver form.

5. All citizen ride-along participants shall adhere to the business casual dress code, which follows:

- ✓ Neat and clean clothing will be worn
- ✓ Docker® style pants
- ✓ Jeans are allowed, but they cannot have rips or holes
- ✓ Casual dress shirt (polo, button down shirt, dress shirt)
- ✓ Dress according to weather conditions
- ** T-shirts are not allowed **

6. The participant should report to the Bigfork Fire Station at least fifteen minutes prior to the start of the ride along.

7. During the ride along, the participant shall not offer assistance or try to participate in any Bigfork Fire Department activity (Fire/Rescue) unless directed by the duty Paramedic.

8. The department has the authority to stop the ride along for any reason. In that case, the participant will be returned to the station or dropped off at a safe location. If the rider is dropped off, the communication center and a department supervisor will be notified of that location.

9. If the ride along is terminated because of problems with the participant, the participant will be excluded from future participation in the program.

10. During the Ride Along, the participant shall not at any time record by; Photograph, video, audio text, or transmit any account, or any portion thereof of any calls for service by the Bigfork Fire Department, nor shall any account or description of an call for service be posted to any Social Media.

11. The Bigfork Fire Department has the right to refuse a ride along to any participant, for any reason.

BIGFORK FIRE DEPARTMENT

CITIZEN RIDE ALONG APPLICATION

Date: _____
(MM/DD/YY)

Name: _____
(Last Name, First, Middle Initial)

Address: _____
(Street Address) (City) (State) (Zip code)

Date of Birth: _____ Phone Number: _____
(MM/DD/YY) (1234567890)

Drivers License #: _____ State: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____
(1234567890)

Date Requested to Ride: _____ Time Requested to Ride: _____
(MM/DD/YY) (HH:mm)

Reason for Ride Along:

Signature: _____

DEPARTMENT USE ONLY

Department Approved By: _____ Date: _____

Shift Assigned: _____

Shift Supervisor Approved By: _____ Date: _____

Date: _____ Time: _____

Approving supervisor will notify ride along applicant.

Ride Along Notified By: _____ Date Notified: _____

BIGFORK FIRE DEPARTMENT

RIDE ALONG PARENTAL PERMISSION FORM

I, _____ Phone: _____
(Last Name, First Middle) (1234567890)

Of, _____
(Street Address) (City) (State) (Zip Code)

am the parent/guardian of the minor listed below who desires to participate in the "Ride Along Program" of the Bigfork Fire Department. I have read and understand all the pages contained in this policy and do hereby consent to the release of liability for the Bigfork Fire Department and the Bigfork Fire District; furthermore, I hereby consent to allow my child to participate in the "Ride Along Program"

Minor's Name's _____ Date of Birth: _____

Address: _____

Date this _____ day of _____, 20_____

_____
Signature of Parent/Guardian

_____
Witnessed by

BIGFORK FIRE DISTRICT – BIGFORK FIRE DEPARTMENT
AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

WHEREAS, I, NAME Select One

over / under the age of eighteen and not being a member of the Bigfork Fire Department of the Bigfork Fire District have made a voluntary request to ride as a guest in a vehicle assigned to the Bigfork Fire Department and to accompany a member or members of the Bigfork Fire Department during the performance of their official duties, and

WHEREAS, the Bigfork Fire Department of the Bigfork Fire District is willing to allow me to ride as a guest in a vehicle assigned to that department and to accompany member or members of the department during the performance of their duties on the following conditions:

NOW THEREFORE, in consideration of the permission given to me to ride in a vehicle assigned to the Bigfork Fire Department and to accompany a member or members of said department during the performance of their official duties, I do hereby agree:

1. That I am aware that the work of the Bigfork Fire Department is inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying a member or members of the Bigfork Fire Department during the performance of their official duties and that I freely, voluntarily and with such knowledge, assume the risk of death, personal injury, or property damage arising from or in any way connected with, assault, breach of the peace, fire, explosions, gas, electrocution, infectious substances and/or illness, or the escape of radioactive substances and any other job related hazards, while accompanying a member or members of the Bigfork Fire Department during the performance of their official duties.

2. That the Bigfork Fire District, its sureties, all members of the Bigfork Fire Department of the Bigfork Fire District, their sureties and each of them, shall not be responsible or liable for any injury, damage, or loss or expense, either to me or my property, incurred while riding in any vehicle assigned to the Bigfork Fire Department, or while accompanying any member or member of said department during the performance of their official duties, and resulting from any negligent act or omission on the part of any member of the Bigfork Fire Department.

3. For myself, my heirs, executors, administrators and assigns to defend and indemnify the Bigfork Fire District, all members of the Bigfork Fire Department, its sureties and each of them, against any and all manner of actions, cause of actions, suits, debts, claims, demands, or damages or liability or expense of every kind of nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle assigned to the Bigfork Fire Department or while accompanying any member of said Public Safety Department during the performance of their official duties.

Dated:) _____
(MM/DD/YY)

_____
Signature

_____
Witness

_____
Signature of Parent or Guardian
(If applicant is a minor)

Bigfork Fire District
Guest/Trainee Confidentiality
and Non-Disclosure Agreement

I _____ acknowledge that patients provide and Bigfork Fire District collects personal, confidential information verbally, in writing, and through digital means. I understand and agree that any information pertaining to patients is strictly confidential and protected by federal and state laws and that I will not use or disclose patient information in any way, unless Bigfork Fire District authorizes me to do so.

I agree that I will comply with all HIPAA policies and procedures in place at Bigfork Fire District during my experience as a guest/trainee with Bigfork Fire District. If at any time I knowingly or inadvertently breach patient confidentiality or violate the HIPAA policies and procedures of Bigfork Fire District, I agree to notify Bigfork Fire District immediately.

I also understand that I may be exposed to other confidential or proprietary information of Bigfork Fire District and I agree not to reveal any of that information to anyone at any time, unless I am authorized by Bigfork Fire District to do so. This means that I will not disclose information about Bigfork Fire District's business practices or other information that Bigfork Fire District might consider to be confidential or proprietary.

Failure to uphold these obligations may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of Bigfork Fire District. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient information or confidential or proprietary information in my possession. I understand that any patient or confidential information that I see or hear while a guest/trainee will stay here at Bigfork Fire District when I leave.

I have been given an overview of Bigfork Fire District's HIPAA policies and procedures and have been given access to review those policies and I agree to abide by them.

Signature: _____ ***Date:*** _____

Name: _____