



RIDE-ALONG APPLICATION

Please fill in the information requested below. Prior to you being allowed to participate, the assumption of risk agreement must be completed with your signature being witnessed by a representative of the Roanoke Fire-EMS Department. The completed form must be returned to Fire-EMS Administration at least five business days prior to your requested participation. Any false information or omissions on this application may result in disqualification for ride-along privileges. The Roanoke Fire-EMS Department reserves the right to deny ride-along privileges for any reason, without prior notice.

After your form has been submitted, contact Fire-EMS Administration at 853-2327 to verify approval.

LAST NAME	FIRST NAME	MIDDLE NAME
-----------	------------	-------------

STREET ADDRESS

CITY	STATE	ZIP CODE
------	-------	----------

TELEPHONE NUMBER	DATE OF BIRTH
------------------	---------------

DATE REQUESTED	TIME REQUESTED
----------------	----------------

PREFERRED STATION AND SHIFT

REASON FOR RIDE-ALONG

IN CASE OF EMERGENCY, I AUTHORIZE YOU TO CONTACT:

LAST NAME	FIRST NAME	TELEPHONE NUMBER
-----------	------------	------------------

SIGNATURE	DATE
-----------	------



ROANOKE CITY FIRE-EMS DEPARTMENT

Release of Information

TO: Any Doctor, Hospital, Medical Association, U.S. Armed Forces, Maritime Service, Veterans Administration, or

Any Law Enforcement Agency, Local, State, Federal, or Private, or

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at school (College, Business, trade or high school) or

Any past or present Employer, Credit Bureau or Retail Merchants Association, Bank, Financial Institution or any other Credit Extending Agency, or the U.S. Selective Service System.

I _____ Address _____
(First, Full Middle, and Last Name)

have applied for employment with the Roanoke Fire-EMS Department. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Roanoke Fire-EMS Department or its agent upon presentation of this release or copy hereof.

Social Security Number _____

Date of Birth _____

Other Names Known as _____

Driver's License State and Number _____

Given under my hand this _____ day of _____, 20 ____

(Signature)

State of Virginia, County / City of _____

This day _____ personally appeared before me and acknowledged his / her signature to the above statement.

My commission expires on the _____ day of _____, _____

(Notary)

Ride-Along Participant Agreement

1. All participants must clear the background screening and application review prior to being scheduled for ride-along/observation time, as well as schedule a date/time/location through the Roanoke Fire-EMS Administrative Office.
2. Participants should arrive at the assigned station on time and carry photo identification with them at all times during their scheduled shift.
3. The station officer will assign observers to the apparatus deemed appropriate for the type of calls the observer is wishing to experience.
4. Attire shall be appropriate for forecasted weather conditions and shall consist of a collared shirt, casual slacks (no jeans) and comfortable, closed toe shoes. Shirts must be free of any logos, and buttoned so that only the neck is exposed. Nursing students may wear scrubs.
5. The ride time shall not exceed twelve (12) hours.
6. Participants are only allowed on the premises during their scheduled time, and may not ride before 8:00 a.m., or later than 10:00 p.m.
7. Participants may schedule a maximum of three (3) ride-along shifts per calendar year.
8. Participants may only observe operations/activities from a safe location, and shall follow the directions of Fire-EMS personnel.
9. Participants are not allowed to engage in patient care, emergency scene operations, fire suppression or tactical operations at the emergency scene or physical training activities.
10. Participants are not allowed to take videos and /or pictures during any phase of the emergency response or incident.
11. Firearms are not allowed on the premises or during any ride-along activities.
12. The use of tobacco, vape, and e-cigarette products is prohibited on the premises and during the ride-along.
13. Participants are considered representatives of the Fire-EMS Department during the ride-along time, and shall behave in a professional manner and follow and/all directions of Fire-EMS personnel.
14. Roanoke Fire-EMS has the authority to approve, deny, or alter any request for participation in this program to protect the best interests of the department.
15. Roanoke Fire-EMS has the authority to revoke an authorization for ride-along/observation at any time, and for any reason, if a participant's conduct is not in the best interest of the City or the Department.

Signature: _____

Date: _____

Printed Name: _____

**Roanoke Fire-EMS Department
Assumption of Risk, Indemnity Agreement, And Covenant not to Sue**

I, _____ have requested that the Roanoke Fire-EMS Department allow me to come onto Fire-EMS Department facilities and to ride with Fire-EMS Department personnel on emergency equipment as part of the Roanoke Fire-EMS Department's Ride-Along Program. I am fully aware of the inherent risks associated with my participation in the Ride-Along Program, which include, but are not limited to bodily injury, physical disability, physical and mental diseases, death, and property damage resulting from the risks of motor vehicle accidents, exposure to infectious/contagious diseases, accompanying Fire-EMS personnel into high crime areas and the general uncertainty surrounding the provision of emergency services. Understanding these risks, it is still my decision to participate in the Ride-Along Program and in consideration of the City of Roanoke allowing me to participate; I assume full responsibility for such risks. I agree that neither I, or my legal representatives, heirs, and assigns, will hold the City of Roanoke, its officials, employees or agents, responsible for any injuries, disabilities, physical and mental diseases, death, property damage, or losses and expenses of any nature whatsoever that I may sustain as a result of my participation in the Ride-Along Program, whether caused by the negligence of the City of Roanoke, its officers, employees and agents, or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of the City of Roanoke, its officers, employees and agents, from all claims and expenses of any nature whatsoever, including the cost of defending such claims which may accrue against, be charge to, or recovered from or sought to be recovered from the City of Roanoke, its officers, employees and agents, as a result of my participation in the Ride-Along Program.

I understand that this agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full force and effect.

I further understand that permission to participate in the Ride-Along Program is granted subject to the rules and regulations of the Roanoke Fire-EMS Department and such permission may be restricted to specified periods of time or revoked entirely by the Roanoke Fire-EMS Department in its sole discretion.

My Signature _____ this _____ day of _____,

Printed Name _____

Witness Signature _____ this _____ day of _____,

Roanoke Fire-EMS Department Ride-Along Program HIPAA Participant Agreement

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (as amended) 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, news articles); the Fire-EMS Administration 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 Battalion Chief - EMS or his designee.

As a participant in the Roanoke Fire-EMS Department's 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, 2.2-3705.5 (1) code of Virginia and federal regulation 45 CFR 164.502 as amended.

My Signature _____ this _____ day of _____,

Printed Name _____

Witness Signature _____ this _____ day of _____,



RIDE-ALONG TIPS

- Dress attire for ride-along is business casual. This includes polo shirts, button down shirts, dress pants, khakis, etc. Jeans, t-shirts, and open-toe shoes are not appropriate attire for ride-along
- For security purposes, have your Photo ID with you when you report for your ride-along.
- The station officer will assign you to an apparatus and explain how to determine when that apparatus is receiving a call for service.
- Unless instructed otherwise, remain at the apparatus with the apparatus operator during emergency responses.
- Our firefighters spend 1/3 of their lives at the firehouse; remember that you are a guest in their house and should act accordingly.
- Assist the firefighters that are on duty that day. Don't wait for them to ask, if you see someone doing something ask if you can assist.
- Remember, the public is always watching. Even though you are wearing non-fire department apparel, you are considered a representative of the Roanoke Fire-EMS Department while observing.
- If you plan to eat with the on-duty personnel (there are great cooks in every firehouse!) be sure you bring cash to pay into the "kitty". At the start of the shift, ask how much your share will be for the day. Most firehouses charge \$10/day to eat lunch and dinner during the week and breakfast and dinner on the weekends. They may not accept your money but the offer is appropriate.
- Always be the first person to start performing kitchen cleanup. Many crews like to let their dinner settle and practice team bonding so jump in when you see a cue from the other firefighters to start cleaning up.
- No matter what you are doing, keep a positive attitude. Remember you are a guest and your attitude and work ethic will leave a lasting impression on our staff.
- Be polite and respectful. Address all of the Chief Officers by rank. They have earned it and you should respect it. You never know when and where you may interact with this person in the future.
- Refrain from sleeping during your Ride-Along. Be engaged with the staff and show your interest in learning as much as possible in the time that you have with them.