

Procedure

Persons wishing to participate in the Ride-Along Program must obtain an application from the Fire-EMS Administration Office located at 713 Third St SW Roanoke, VA 24016, fill it out and return it at least ten (10) business days prior to the anticipated date of the ride along. When returning the application, you will be required to sign the Assumption of Risk, Indemnity Agreement, and Covenant not to Sue in the presence of a witness from the Fire-EMS department.

The following guidelines apply to anyone requesting to participate in the Ride-Along Program:

- The Fire-EMS 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.
- Videos and/or pictures are not permitted during any emergency incident.
- Participants must be 18 years of age or older to participate in the Ride-Along Program or may ride at the age of 16 with a guardian signature.
- Participant’s attire shall consist of a collared shirt, casual slacks (no jeans) and comfortable closed toe shoes. Shirts must be free of any logos. Nursing students may wear scrubs. Dress appropriately for weather conditions.
- The Fire-EMS Department has the authority to revoke an authorization at any time if a participant’s conduct is not in the best interest of the department.
- The participant’s ride shall last no longer than twelve (12) hours. Participants may not ride before 8:00 a.m. or later than 10:00 p.m. and are restricted to 2 ride-along shifts per calendar year.
- Use of tobacco products are prohibited during the ride along.
- The participant may only observe operations/activities from a safe location. No ride-along participant is allowed to engage in or otherwise participate in tactical operations at the emergency scene or physical training activities.
- Participants are subject to a criminal records history check.
- No firearms are permitted on premises or during any ride-along.

Signature: _____ Date: ____/____/____

Printed Name: _____

Ride-Along Participation Agreement

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, notwithstanding, 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.

Ride-Along Participant Signature

Date

Printed Name of Ride-Along Participant

Witness

Date

Ride-Along Application
Roanoke Fire-EMS Department

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.

Full name	Home/work phone number
Address	Cell Phone number
City, State, Zip	
Place of Employment or School:	
Address of Employer	
Date requested	Times requested

Emergency Contact	Contact number
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Reason for requesting a Ride-Along: _____

Signature: _____ Date: ____/____/____

Name (Printed): _____

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

PURPOSE OF THIS REQUEST (Check only one):

- ADOPTION-DOMESTIC ADOPTION-INTERNATIONAL
 VISA (INTERNATIONAL TRAVEL) OTHER (please specify): _____

NAME INFORMATION TO BE SEARCHED:

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
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RACE	SEX	DATE OF BIRTH / / (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
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AFFIDAVIT FOR RELEASE OF INFORMATION:

I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

Signature of Person

State of _____; ~~County~~/City of _____, to wit: Subscribed and sworn to before me this _____ day of _____, 20 ____.

My Commission expires _____, 20 ____.

Signature of Notary Public

SIGNATURE OF PERSON MAKING REQUEST:

As provided in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named in Section 1 and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.

Signature of Person Making Request

State of _____; ~~County~~/City of _____, to wit: Subscribed and sworn to before me this _____ day of _____, 20 ____.

My Commission expires _____, 20 ____.

Signature of Notary Public

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:

Mail Reply To:

NAME	
ATTENTION	
ADDRESS	
CITY	STATE ZIP CODE

FEES FOR SERVICE:

- | | |
|--|--|
| FEES:
<input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH
<input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH | * FEES For Volunteers with Non-Profit Organizations:
<input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH
<input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH |
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* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address, and your tax exempt identification number.

<p>METHOD OF PAYMENT: (Note: Personal Checks <u>Not</u> Accepted)</p> <p><input type="checkbox"/> Business or Certified Check or Money Order (payable to Virginia State Police)</p> <p> <input type="checkbox"/> Charge-Card <input type="checkbox"/> MasterCard OR <input type="checkbox"/> Visa </p> <p>Account Number: - - -</p> <p>Expiration Date: /</p> <p>Signature of Cardholder: _____</p> <p><input type="checkbox"/> Virginia State Police Charge Account Number:</p>	<p>Mail Request To:</p> <p>Virginia State Police Central Criminal Records Exchange P.O. Box 85076 Richmond, Virginia 23261-5076</p>
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FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

<input type="checkbox"/> No Conviction Data – Does Not Preclude the Existence of an Arrest Record <input type="checkbox"/> No Criminal Record – Name Search Only <input type="checkbox"/> No Criminal Record – Fingerprint Search <input type="checkbox"/> No Sex Offender Registration Record <input type="checkbox"/> Criminal Record Attached	Purpose code: <input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> O
Date _____ By CCRE/ _____	