

# City of Detroit Fire Department

## Ride Along Program

Name: (full and complete name)		Date of Birth:	Age:
Address:			Apt:
City:			State/ Zip
Home Phone:		Cell Phone:	
Email Address:			
Emergency Contact Name		Emergency Contact Number	
Employer/School			
Reason for Ride-Along			

Physical Disabilities:
Are you under the care of a Physician? If so, why?

Dates Requested	Hours Requested:
1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

Please complete and return these forms to the Detroit Fire Department.

## **City of Detroit Fire Department Accident Waiver and Release - Ride Along Program**

The ride along program is dangerous and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, criminal activity, volatile situations, facilities, temperature, weather, terrain, condition of equipment, vehicular traffic, negligent and non-negligent action of other people including, but not limited to participants, volunteers, employees and citizens. I hereby assume all of the risks of participating in the City of Detroit Fire Department Ride Along Program.

I certify that I am physically able to participate in the ride-along program and have not been advised otherwise by a qualified medical person.

In consideration of permission to ride on the vehicles operated by City of Detroit for the purpose of observing emergency medical techniques, which permission I hereby acknowledge as having been granted, do hereby agree to waive, release, defend, acquit, indemnify, hold harmless and forever discharge the City of Detroit, its departments, officers, directors, employees, or agents from any and all liability, claims, demands, damages, causes of action whatsoever, costs, losses, injuries to person or property, loss of service, expenses and compensation which may hereafter arise on behalf of myself, my heirs, executors, assignees and personal representatives, out of any matter related to participating in the ride along program, riding in a vehicle of the City of Detroit, or any activities related to the ride along program.

I hereby consent to receive medical treatment and hospital treatment which may be deemed advisable in the event of injury accident and/or illness during the ride along program.

I understand that during the ride along program or related activities, I may be photographed or filmed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I am aware that the ride along program I seek to participate in is a hazardous activity. I am voluntarily seeking participation and my participation will be voluntary, with the knowledge that there are dangers involved. I agree that I assume and accept all risk of injury or death, and that I do this with intention to relieve the above named entities and persons from liability to me and all other persons whatsoever.

I hereby certify that I have read this document and I understand its contents.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

*If under 18 years of Age a Parent/Guardian MUST sign below in order to Ride*

**Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Printed** \_\_\_\_\_ **Relation** \_\_\_\_\_

**City of Detroit Fire Department  
Guest/Trainee Confidentiality (HIPAA)  
and Non-Disclosure Agreement**

I \_\_\_\_\_ acknowledge that patients provide and the City of Detroit Fire Department 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 the City of Detroit authorizes me to do so.

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

I also understand that I may be exposed to other confidential or proprietary information of the City of Detroit and I agree not to reveal any of that information to anyone at any time, unless I am authorized by the City of Detroit to do so. This means that I will not disclose information about the City of Detroit's practices or other information that the City of Detroit 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 the City of Detroit Fire Department. 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 the City of Detroit Fire Department when I leave.

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

## **City of Detroit Fire Department Ride Along Guideline**

### **Who Can Ride Along?**

- Participants in the program must be at least eighteen (18) years old.
- Preference in scheduling a ride along is given to current EMR, EMT and Paramedic students.

### **How Do I Apply To Ride Along?**

- Applicants must fully complete the Ride Along Application.
- To participate in the program, the Application, Accident Waiver and Release, and the Confidentiality and Non-Disclosure Agreement must be signed by the applicant. If the applicant is under eighteen (18), both the applicant and their parent or legal guardian must sign the waivers.
- The application and waiver forms must be submitted before the desired ride along date.
- Incomplete applications or applications without the signed waiver will be rejected.
- Applications and waivers must be submitted for each ride along.

### **When Can I Ride Along?**

- Hours for individuals over the age of eighteen (18) are from 6:00 am to 10:00 pm.
- Minors under the age of eighteen (18) may ride from 8:00 am to 8:00 pm.
- Individuals enrolled in EMR, EMT or Paramedic class may ride with the 24hour crew with pre-approval.
- We will do everything possible to allow you to ride along on the specific date you requested. However, there is no guarantee your request will be accommodated due to unforeseen circumstances.
- We will contact you and let you know whether your application to ride along has been approved and the date you are scheduled to ride.
- Please arrive on time for your scheduled ride time. If you are here at your scheduled time your ride along may be cancelled.
- We understand that uncontrollable circumstances do occur and you will not be able to attend your scheduled ride along. Please let us know as soon as possible because there may be other individuals wanting to ride at the same time. Unexcused absences will be documented and may affect your future in the Ride Along program.

### **What Should I Wear and Bring with Me When Riding Along?**

- Riders must wear appropriate attire while on a ride along, which is suitable for having public contact.
- Navy or Black plain T-Shirt or polo shirt. Navy or black EMS or Khaki style pants. Black boots or shoes. Dark jacket in colder weather. No shorts or clothing with advertising or emblems.
- Think professional (That means tuck in your shirt)!
- It is advisable to bring enough money with you to purchase any food or refreshments you might want to consume while you are riding along. Generally, the EMS crew(s) will have the opportunity take breaks and eat out while you are together. If you wish to eat or drink something during these times you are expected to pay for them yourself.

## **City of Detroit Fire Department Ride Along Guideline**

### **Rules**

**You must comply with the following rules. Failure to comply with these rules will result in the immediate termination of your ride and you will not be allowed to participate in the ride along program in the future.**

- Riders are observers and you will be under the direct supervision of the City of Detroit Fire Department. You must comply with all directions and orders given to you by fire/ambulance personnel. You are not to become involved in any incident or conversation between fire/ambulance personnel and the public.
- You are expected to conduct yourself in a civil, personable, and courteous manner at all times.
- While in the ambulance you are to remain seated at all times and you must wear the vehicles seat belt anytime the ambulance is in motion.
- For safety reasons, participants are not allowed to handle or use any of the equipment in the ambulance unless called upon by the lead Paramedic in an extreme life threatening emergency.
- Concealed weapons are strictly prohibited.
- You may not carry or use any audio recording device, any video recording device, or other camera while you are on a ride along.
- Cellular phone use is strictly prohibited while in the presence of a patient or while on the scene of any incident or emergency.
- You may not reveal any patient information you may hear to anyone anytime.