



# **SOUTH METRO FIRE DEPARTMENT**

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## **RIDE ALONG PROGRAM**

### **PURPOSE**

The department's "ride along" program is intended to provide first-hand experience for citizens interested in the fire department's services and operations, and an interning opportunity for public safety professional students.

### **CONSENT**

Qualified "ride along" participants may accompany an on shift firefighter during routine travel, and on emergency responses. Participants must meet the Program's Eligibility Requirements, and comply with the Program's Rules of Conduct, which are described in this document.

### **CONSENT AND WAIVER OF CLAIMS**

Participants under age 18 years must have their parents' written consent. All participants must acknowledge the risks attendant with riding in an emergency vehicle, and waive any claims they may have against the South Metro Fire Department, its employees, or insurers, resulting from injury or property damage while participating in the Ride Along Program.

### **RULES OF CONDUCT**

1. Participants are required to wear clean and neat apparel, dress appropriately for existing weather conditions, and present an image which reflects positively on the department.
2. Participants must obey all instructions of the on duty firefighter, including use of seat belt while riding.
3. A participant's disregard of the firefighter's instructions, inability to conduct himself or herself in a respectable manner, or disregard of safety considerations, shall be grounds for terminating participation in the Program.
4. Judgment of the on duty firefighter, and/or officer in charge, is final.

### **ELIGIBLE PARTICIPANTS**

1. Public safety service students who desire, or are required to have intern experience.
2. Members of the City council, City Staff, and government officials.
3. Public Safety employees such as firefighters, police officers and EMS providers who are affiliated with other agencies.
4. Interested citizens whose participation reasons may benefit the South Metro Fire Department.
5. Media as approved by the Fire Chief.

## **PROCEDURE**

1. Complete the "Ride Along Application, Consent and Release" form.
2. Submit the completed form to the Fire Chief.
3. If the Application has been approved, the participant will be notified and may then accompany the on duty firefighter(s) during their shift.
4. The Participant's activities during the shift(s) will be determined by the on duty firefighter, or supervising officer, and will reflect the Participant's goals for participating in the program.
5. Applications will be reviewed and denied or approved by the Fire Chief.
6. All applications will be kept on file for a three year period.
7. Participants will be asked to provide a brief evaluation of their experience so that the program's objectives can be measured, and any problems identified.
8. There are no arbitrary frequency limits for participating; however, the department may impose limits if mutual objectives are no longer being served.

## **EVALUATION**

The department officers will monitor the program's value to the participants and the department.

**CONFIDENTIALITY ACKNOWLEDGMENT**

While volunteering/interning with the South Metro Fire Department, you may have access to information which is confidential or private and may not be disclosed to anyone except as permitted or required by law.

Confidential information includes, but is not limited to, medical and certain other personal information about the people we serve and client records or videotape recordings of interviews made relative to specific cases.

If you have any questions concerning the confidentiality or disclosure of information, you may contact the Fire Chief Mike Pott.

By signing this confidentiality statement, you acknowledge that:

1. You are obligated to hold confidential information in the strictest confidence and shall not disclose that information to any person in any manner which is contrary to law.
2. Your confidentiality obligation shall continue indefinitely, including at all times after the completion of your internship ride along with the South Metro Fire Department.
3. Impermissible disclosure of confidential information about a person may result in legal action taken against you by or on behalf of that person.
4. You have read and understand this confidential information statement and have received a copy for your records.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**SOUTH METRO FIRE DEPARTMENT RIDE ALONG PROGRAM**  
**APPLICATION, CONSENT AND RELEASE**

The undersigned would like to participate in the Fire Department's Ride Along Program.

My reason(s) are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The date(s) and hours I would like are:

1st Choice: \_\_\_\_\_ Between the Hours of \_\_\_\_\_ and \_\_\_\_\_

2nd Choice: \_\_\_\_\_ Between the Hours of \_\_\_\_\_ and \_\_\_\_\_

I can be reached at the following numbers:

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_

Page: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

My home address is:

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

In the event of an emergency, or a circumstance when I cannot be reached, you may contact:

Name of Person(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Check each of the following to affirm that you understand the Program requirements:

\_\_\_\_\_ I have read, or someone has explained to me, the objectives, procedures and rules for this Program.

\_\_\_\_\_ I will comply with the Program's Procedures and Rules.

\_\_\_\_\_ I know that I may be subject to the danger of injury because I will be riding in a vehicle which may be required to make an emergency response.

\_\_\_\_\_ I know that if the vehicle in which I am riding cannot return to the station at the conclusion of my scheduled tour, I may have to make my own return transportation arrangements.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**CONSENT AND RELEASE**

The undersigned understands and agrees to comply with the South Metro Fire Department's Ride Along Program requirements. I acknowledge that there are risks inherent in riding in an emergency vehicle and being present at an emergency scene.

I hereby release on behalf of myself and my heirs the South Metro Fire Department, its employees, agents and insurers from any and all claims I have or may have due to injury, death or property damage, incurred during and as a result of my participation in this Program. Further, I agree to indemnify the South Metro Fire Department, its employees, agents and insurers, for any expenses or damages they may incur resulting from any such claims. My participation is without expectation of remuneration or other compensation from the South Metro Fire Department. Any activity I may perform during the program, including assisting the on duty firefighter in some manner, is done for my own educational benefit. I consent to the Department's use of my photograph, name and address to publicize this Program, and to make reports about the Program.

I am over the age of 18 years, or if I am not, then my natural parents or legal guardians have signed this document below, acknowledging their acceptance of the above terms and conditions.

Applicant's Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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

Signature of Parents: \_\_\_\_\_

Printed Name(s) of Parents: \_\_\_\_\_

Parents' Signature Date(s): \_\_\_\_\_

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**APPLICATION APPROVAL**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Denial Reason: \_\_\_\_\_

Applicant notified of denial or acceptance by \_\_\_\_\_

on (date) \_\_\_\_\_

## EVALUATION

Participant's Evaluation: (Briefly describe whether your goals were met)

Did you have any injury, sustain any property damage, cause or contribute to any injury or damage to another during the shift? If yes, please describe in detail so that the appropriate reports can be completed.

Do you have any suggestions for improving this Program?

Your printed name and initials: \_\_\_\_\_

Shift officer or on duty firefighter's comments and evaluation:

Shift officer/firefighter's initials: \_\_\_\_\_