

FOLSOM FIRE DEPARTMENT
REQUEST FOR RIDE-ALONG

Date of Request: _____

Name: _____ Age: _____ Date of Birth: _____

Address: _____

Telephone: _____ Cell Phone #: _____

Employer: _____ Occupation: _____

Reason for participating in Ride-Along Program: _____

Person to contact in case of emergency, including address and phone number: _____

Desired date, time and duration (Maximum 4 hours) Ride-Along: _____

(Between the hours of 10:00 AM and 5:00 PM)

PERSONAL BACKGROUND:

1. Have you ever been convicted of theft, assault, battery, sexual offense or any felony? Yes No

2. If yes, please explain: _____

3. Are you presently on parole or probation? Yes No

4. If yes, please explain: _____

THE ABOVE INFORMATION WILL BE VERIFIED PRIOR TO YOUR PARTICIPATION, AND KEPT CONFIDENTIAL
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I acknowledge, authorize and give consent to the Folsom Fire Department to verify the information provided. I understand that false statements or misrepresentations made by me shall permanently disqualify me from participation in the Ride-Along Program with the Folsom Fire Department. I agree not to discuss names of persons involved in fire and EMS cases and understand that I am considered a confidant of the Folsom Fire Department. I have read, understand, and agree to abide by the Folsom Fire Department Ride-Along Program Policy.

Signature: _____

FOLSOM FIRE DEPARTMENT
CHECKLIST FOR RIDE-ALONG APPLICATIONS

Initial Below

1. _____ Completed application submitted.
2. _____ Applicant is 18 years of age or older.
3. _____ Applicant request is within Ride-Along policy acceptance guidelines.
4. _____ Advise applicant of acceptable clothing and shoe requirements.
5. _____ Ride-Along (max of 4 hours) advised of their responsibility for providing/paying for their own meals if during mealtime.
6. _____ Approval of Station Fire Captain.
7. _____ Approval of Division Chief or _____disapproval and route application to Fire Captain for assignment.
8. _____ Ride-Along Waiver Form completed and signed.
9. _____ Ride-Along Report completed by Fire Captain.
10. _____ Ride-Along Request, Report, completed and signed Waiver, and checklist forwarded to the affected Division Chief for review.
11. _____ Ride-Along (Approved or Denied) file sent to Administrative Assistant for Ride-Along file.

CITY OF FOLSOM FIRE DEPARTMENT

INDEMNITY, ASSUMPTION OF RISKS, WAIVER, AND RELEASE OF LIABILITIES

WHEREAS, I _____, being over the age of eighteen and not being a member of the Folsom Fire Department ("Fire Department"), have made a voluntary request to ride in a vehicle assigned to the Fire Department and to accompany a member or members of the Fire Department during the performance of their official duties ("Ride-Along Program"); and

WHEREAS, the Fire Department is willing to allow me to ride in a Fire Department vehicle and to participate in the Ride-Along Program on the terms and conditions stated herein.

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

- 1) I am aware that the work of the Fire Department is inherently dangerous and involves many safety and biological hazards, and that I may be subjected to the risk of personal injury or death or property damage by accompanying a member or members of the Fire Department during the performance of their official duties. I freely, voluntarily and with such knowledge assume all risks of personal injury, death and property damage arising from, or in any way connected with, any act or omission by any member of the Fire Department and employees of the City of Folsom while I am participating in the Ride-Along Program. Such act, accident, or omission could include, but is not limited to, automobile collision, fire, explosion, gas, electrocution or the escape of hazardous material substances, use of weapons, unlawful acts or forcible resistance by suspected law violators, assault, riot or breach of the peace. In consideration of my application and permitting me to participate in the Ride-Along Program, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release, and Discharge the Fire Department, and the City of Folsom, its officers, employees, contractors and agents, and any and all of their sureties for all liability for injuries, death, property damage, lost income, or any other losses, costs or actions of any kind which hereafter may accrue or arise from or relate to, or in any way connected with, this Agreement or my participation in the Ride-Along Program including, but not limited to, all liability arising from any act or omission, whether or not an act of passive or active negligence, by any person including a member or members of the Fire Department, or arising out of strict liability; (B) Protect, Defend, Indemnify, and Hold Harmless the Fire Department and the City of Folsom, its officers, employees, contractors and agents from all liability, losses, claims, suits or causes of action arising from any injury, disability, death or property damage to the extent arising or resulting directly or indirectly from any act or omission by me.

- 2) I understand that my participation in the Ride-Along Program is a matter of public record and will not be kept confidential, and that I may be required to testify in a court of law or other proceedings regarding matters occurring during my participation in the Ride-Along Program.

- 3) Rider may not bring cameras, tape recorders, cell phones, or personal electronic or other types of recording devices unless he or she is a credentialed member of the news media and has obtained prior authorization from the Division Chief. All photos and recordings taken by a rider, if authorized by the Division Chief under this Section, are property of the Department until released by the Fire Chief. Except as may be authorized by the shift supervisor, Ride-Along participants are specifically prohibited from using any personal electronic device (camera, tape recorder, cell phone, ipad, or similar personal electronic device) or accessing social media websites (Facebook, Twitter, and similar sites) during the Ride-Along. Rider must refrain from discussing names or persons involved in Fire/EMS cases or other incidents with anyone outside the Folsom Fire Department. Each rider will be considered a confidant of the Fire Department, and it is essential that all matters pertaining to recipients of Fire/EMS or related service by the Fire Department, and any and all personal information including names, medical history and statements gathered remain confidential in compliance with Federal HIPPA regulations. Any civil and/or criminal penalties assessed for a breach of confidentiality under HIPPA by a rider are the sole responsibility of the rider.

- 4) I will keep confidential and not disclose the names, addresses or identities of victims, witnesses, or any persons encountered while on the Ride-Along Program except by written permission of the Fire Chief or his or her designee, or as otherwise required to by law.

- 5) I understand that I might be dropped off at a safe location if, in the opinion of the Fire Captain, the emergency situation which the fire apparatus responds to becomes too dangerous for my safety and welfare. If I get dropped off at a safe location, I will remain there until a Folsom Police Department Community Services Officer or other appropriate transportation arrives to escort me back to the Fire Department.

- 6) I understand that I am solely responsible for arranging and providing for my own meals, hydration, health insurance, and transportation to and from the Fire Department.

- 7) I hereby consent to receive medical treatment for myself, which may be deemed advisable in the event of injury, accident and/or illness during my participation in the Ride-Along Program. It is my intent that this Indemnity, Assumption of Risks, Waiver, and Release of Liabilities shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I certify and represent that I have carefully read and I understand the contents of this Indemnity, Assumption of Risks, Waiver, and Release of Liabilities Agreement and I agree to the above terms of my own free will.

Date

Signature

Date

Witness

FOLSOM FIRE DEPARTMENT
FIRE PERSONNEL RIDE-ALONG REPORT

Date of Ride _____

Assigned to: _____ Shift: _____ Name

of Rider: _____ Age: _____ Sex: M F

Rider's business, occupation, or name of school: _____

Special medical information or services requested: _____

_____ Ride-

Along scheduled by: _____ Assigned to: _____ Note any unusual activity which might be of later significance, such as reactions by citizens to the rider, comments of the rider, or other problems you felt were significant.

Number of hours and time of day rider was in unit: _____ Did

the rider interfere with your duties? Yes No

If so, how?

Fire Captain Signature

Please complete this form and send a copy to the Division Chief.