

LOWER VALLEY FIRE PROTECTION DISTRICT
RIDE – ALONG APPLICATION

Applicant must read and keep this acknowledgement

The attached applicant hereby acknowledges and declares that this application is made with the understanding and consideration of the below stipulations and facts:

1. The applicant hereby declares that this entire form has been read and fully understood prior to the affixing of a signature on this application.
2. If the applicant is approved, he/she will ride as a passenger in vehicles owned by the Lower Valley Fire Protection District and operated by the employees of the Lower Valley Fire Protection District. This service is furnished to the applicant purely as a gratuity and is revocable at any time and for any reason that may become necessary on the part of the Lower Valley Fire Protection District. The purpose of such activity on the part of the rider is to observe routine operations of the Lower Valley Fire Protection District.
3. The applicant realizes the routine emergency functions involve a heightened degree of risk over ordinary motor vehicle operation, and emergency vehicles may be called upon to operate in emergency conditions at greater than normal speeds, and are justified in disregarding certain traffic control devices and other legal restrictions which may apply to other types of motor vehicles. The applicant further realizes that the determination of when and how to operate the emergency vehicle, is within the sole discretion of the Lower Valley Fire Protection District and his/her supervisors. While reasonable efforts will be made to ensure safety and comforts of the applicant, the Lower Valley Fire Protection District's mission to protect and serve the community will be paramount.
4. Lower Valley Fire District by its very nature involves hazards not attendant to the ordinary population and many times such hazards are beyond the power of the emergency/fire personnel. Therefore, at all times while riding as an observer in a official emergency vehicle, the applicant shall agree to, without question or hesitation, abide by the directions of the Lower Valley Protection District personnel and his/her supervisors, and shall further recognize that, even under such direction and care, all risks present during routine ems/fire calls, cannot be eliminated. The applicant then must realize that to participate in any ems/fire function, the applicant must assume certain risks that would be outside the normal range of experience for non-emergency personnel.
5. The applicant recognizes that in an emergency situation, The Lower Valley Fire Protection District personnel may not be able to both perform his/her duty and place applicant safely from the scene of any danger. Therefore, the applicant may be subjected in some instances, to many of the same risks that involve the emergency personnel. With the full knowledge of these circumstances, the applicant agrees to assume such risks in order to observe the functions of the Lower Valley Fire Protection District.
6. The applicant further recognizes that through involvement with emergency calls, intimate details of other individuals' lives may arise. Therefore, the applicant agrees to follow all of Lower Valley Fire Protection HIPAA procedures and keep confidential all observations and conversations which become apparent by participation in this program. The applicant recognizes that it is possible to become civilly liable for any disclosure of any confidential information obtained as part of the observation program.
7. Further, the applicant gives express permission for the Lower Valley Fire Protection District to arrange for medical assistance, for first aid, and ambulance services should they be necessary, to be supplied to the applicant. The applicant agrees to pay for any and all such necessary services accruing in connection with the provision of such medical services.
8. In consideration for granting of the privilege of the applicant to act as an observer of the Lower Valley Fire Protection District, the applicant shall hereby forever release, discharge, and acquit the Lower Valley Fire Protection District, it's ems/fire personnel, agents and employees from any and all claims for death, personal injury or damage to property of any nature or liability which may arise from or in connection with any participation in this program.
9. Disqualification of applicants include, but are not limited to, criminal records/contacts and approval not in the best interest of the Lower Valley Fire Protection District. Improper attire may also be cause of refusal to ride even after approval has been granted.
10. Proper business attire is the required attire for all applicants during participation in the program. No weapons are to be carried unless prior approval has been granted for current/former authorized law enforcement officers only.
11. Ride-Along applications will only be valid for one year from date of approval. Applicants will only be allowed to ride once every six months unless prior approval is granted.

**LOWER VALLEY FIRE PROTECTION
RIDE-ALONG APPLICATION
(ALL INFORMATION MUST BE COMPLETED)**

Name: _____ Date of Birth: _____ Sex: _____

Home Address (Physical): _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

Organization (if any): _____

Reason for Ride-Along Request: _____

Signature of Applicant

If applicant is under 18 years of age, I, _____
the parent or legal guardian of the above described individual, do hereby certify that I have carefully read and understand the foregoing application and upon due consideration for myself personally and on behalf of the applicant, accept and consent to participation under the terms, stipulations and conditions set forth in this application, including the consent to medical assistance and the release of liability, paragraphs six (6) and seven (7) respectively, set forth therein.

Signature of Parent/Legal Guardian

Date

Please attach photocopy of valid driver's license/identification card

******* Below For Lower Valley Fire Protection District's Official Use Only *******

Records Check completed by (if applicable): _____ **Date:** _____

(Attach CBI and Driver's History paperwork to back of application)

Approved By: _____ **Date:** _____

Comments: _____

Applicant Contacted: _____