



Kaysville City Fire Department Ride Along Application

The Kaysville City Fire Department (KFD) Ride Along program is designed to provide an opportunity for students, members of the medical community, and on a limited basis, members of the community to observe the dynamic field of firefighting and Emergency Medical Services (EMS). This service is provided as a privilege at the discretion of the Fire Chief or their designee and may be revoked at any time and for any reason.

PROCEDURE FOR REQUESTING A RIDE ALONG

- For EMS students, fire trainees, or nursing students please go to the Kaysville City Fire Department website and complete the **Ride Along Training Program Application**.
- Rides must be scheduled at least two weeks in advance.
- Upon completion of this form, send the request to:
FireDepartment@kaysvillecity.com

YOU MUST HAVE:

1. Application to the Ride Along Program
2. Copy or picture of current Driver's License or picture identification
3. Signed Acknowledgement of Ride Along Program guidelines
 - Minors, less than 18 years old must have a legal guardian sign agreeing to the guidelines.
4. Signed Release and Waiver
 - Minors, less than 18 years old must have a legal guardian sign the release and waiver.
5. Signed Confidentiality Agreement
 - Minors, less than 18 years old must have a legal guardian sign the confidentiality agreement
6. Minor Students affiliated with a school program must have the Affiliated Organization Acknowledgement portion of the Release and Waiver signed.

If you have any questions about the Ride Along Program or application please contact Kaysville City Fire Department's Administrative Assistant Amber Budzynski at 801-497-7041.



Kaysville City Fire Department Ride Along Program

Application to the Training Program

Application must be filled out prior to participation. NO ONE will be allowed to participate unless all necessary paperwork is completely filled out and signed.

APPLICANT INFORMATION

Full Name: _____ Date of Birth: _____

Gender: Male Female

Address: _____

Email Address: _____ Phone Number: _____

Place of Employment or School: _____

Address: _____ Phone Number: _____

Position/Title -or- Major/Study: _____

Organization(s) Represented: _____

What is your interest in participating in this program? _____

How did you become aware of this program? _____

Date you are requesting a ride along? _____ Time requested: _____

Station Requested (if any) _____

Have you ever been arrested? Yes No

If yes, list offense, location and date: _____

Do you have a physical impairment that would limit your activity while participating in the ride-along program? Yes No

If yes, please describe: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

I have read and understand the procedure for the Ride Along Program of the Kaysville City Fire Department. The above information is true and accurate to the best of my knowledge.

1/2019

Note: By typing in your name, you are signing this agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.



Kaysville City Fire Department Ride Along Program Guidelines

1. At all times, Ride Along participants shall be under the control of the station captain. Failure to follow the directions of the captain shall result in the removal of the privilege to participate as a Ride Along.
2. Ride Along participants are reminded that they are riding only as an observer. Standard procedures for blood borne pathogens are in effect. If you have questions or concerns, ask. If at any time the captain or senior crew member determines that an emergency scene is unsafe or inappropriate for the Ride Along to observe, you may be asked to remain in the fire apparatus.
3. During your Ride Along you will be exposed to many things that are confidential in nature. These may include, but are not limited to: a patient's health information, insurance and billing information, and identifying information from emergency scenes. Divulgence of such information is strictly prohibited and can result in civil and/or criminal penalties.
4. Photographs, videos or audio recordings will not be permitted while participating in the Ride Along Program.
5. As a Ride Along participant, you may be required to appear in court to give testimony of events witnessed on an emergency scene.
6. Appropriate dress for your Ride Along shall include:
 - Clean and neat pants, black or dark in color. (NO jeans).
 - Button up or polo type shirt. Shirts with pictures, logos, or advertisements are not appropriate for your ride along.
 - Closed-toed shoes or boots.
7. While at the station, Ride Along participants shall not be allowed into the dormitory areas of the station unless escorted by a member of the crew.
8. Under no circumstances shall a Ride Along participant be permitted to enter a building that is on fire until such time as the Incident Commander has declared the fire under control, all smoke has been cleared from the building, and the building has been determined to be safe for entry by non-operational personnel. Fire department personnel shall directly supervise the entry.
9. At all times while in KFD vehicles, Ride Along participants shall wear seat belts.

By signing below, I agree to abide by the program guidelines and policies.

Printed Name of Participant _____

Signature of participant OR of a parent or legal guardian if the participant is a minor:

_____ Date: _____

Note: By typing in your name, you are signing this agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.



Kaysville City Fire
Department
RELEASE AND WAIVER

In consideration of Kaysville City Fire Department allowing _____
to participate in the Ride Along Program:

I, _____, being of at least eighteen (18) years of age,
hereby acknowledge and agree to the following:

or

The parent or legal guardian will provide a current valid email address. The email is
required in order for your minor to obtain Ride Along privileges. Parent or legal guardian
email: _____ Kaysville City Fire Department will notify you through
email with an electronic communication to verify that you give consent to this release and
waiver. It is your responsibility to check for this electronic communication and to check for
updates to this release and waiver.

I, _____ the parent or legal guardian of _____,
a minor, do hereby acknowledge and agree to the following:

1. The Ride Along Program is an opportunity to participate as an observer with KFD fire and medical personnel at facilities or in emergency response vehicles during normal shift periods and fire and emergency medical responses. I understand that KFD medical and fire responses inherently involve elements of risk not normally present in daily activities. Such risks include but are not limited to high-speed vehicle response, the presence of blood borne pathogens, emotional trauma, and the exposure to physical injury or death. While KFD personnel will use reasonable care supervising my participation, the KFD is not capable of completely controlling or removing the risks inherent in its activities for the Ride Along Participants nor the Participants' response to such risks.
2. As a Participant, I will be under the control and supervision of the station captain and senior crew members. In addition, I will be subject to the Ride Along Program Guidelines that have been developed for the Program. I affirm that I have previously reviewed those Guidelines and agreed to abide by them.



Kaysville City Fire
Department

RELEASE AND WAIVER

Having reviewed the above, I, on my own behalf or on behalf of the above named minor, hereby acknowledge that I have read the above and understand the risks inherent in the Ride Along Program and request to participate in the Ride Along Program. I further agree to comply with all directives of KFD staff and the Ride Along Program Guidelines. I agree to maintain the confidentiality of all such information to which I am exposed and to not make any recordings or take any photographs of matters observed during the Ride Along. I agree to abide by the terms and conditions of the Ride Along Program Guidelines.

In consideration of the KFD allowing participation in the Ride Along Program, I hereby voluntarily assume the risk of loss or damage that participation in the Ride Along Program reasonably involves and release the KFD, its officers and employees from any and all liability for injuries, losses or claims that may arise from participation in the program.

DATED and EXECUTED this _____ day of _____, 20____.

SIGNATURE

NAME (TYPE)

Note: By typing in your name, you are signing this agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form. Once completed with all necessary signatures, please submit by clicking on the "Email Form" tab or email to FireDepartment@kaysvillecity.com or by delivering to Kaysville City Fire Department at 175 S. Main Street, Kaysville, UT 84037



Kaysville City Fire
Department
Confidentiality Agreement

I _____ understand Kaysville City Fire Department provides services to patients, which are private and confidential, and I am a crucial step in respecting the privacy rights of Kaysville City Fire Department patients. I understand it is necessary, in the rendering of Kaysville City Fire Department services patients provide personal information and such information may exist in a variety of forms, such as electronic, oral, written, or photographic and all such information is strictly confidential and protected from improper use and disclosure by federal and state laws.

I agree I will comply with all confidentiality and security policies, procedures, and standards set in place by Kaysville City Fire Department during my experience as a student/guest/trainee with Kaysville City Fire Department. If at any time, I knowingly or inadvertently breach the patient confidentiality or security policies and procedures, I agree to notify the on duty captain of Kaysville City Fire Department immediately.

In addition, I understand a breach of patient confidentiality may result in immediate suspension or termination of the privileges to gain clinical experience or observe the activities of Kaysville City Fire Department. Upon termination of this privilege for any reason, or at any time upon request, I agree to return all patient confidential information in my possession. As a rule, I understand any patient or confidential information I see or hear while a student/guest/trainee will stay here at Kaysville City Fire Department when I leave.

I agree to abide by all policies or my privileges to participate in clinical activities or to observe Kaysville City Fire Department activities will be terminated.

Signature: _____ Date: _____

Name (type) _____ (Parent or legal guardian if under (18) years of age)

Note: By typing in your name, you are signing this agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.