



FOR FIRE DEPARTMENT USE ONLY	
Name	
Date	
Unit, Time & Shift	
EMT Instructor	

Lynchburg Fire Department Ride-Along Program

Purpose

The purpose of this program is to allow interested persons to ride on a departmental unit with Lynchburg Fire Department personnel, during part of their 24-hour duty shift. The program is designed to increase awareness of the Lynchburg Fire Department's emergency services, through direct contact with the Emergency Medical Services and suppression personnel and their work at the scene of an accident, illness, fire or other incident.

Procedure

Persons wishing to participate in the Ride-Along Program must obtain an application from the Training Division's Administrative Assistant, fill it out and return it at least five (5) business days prior to the anticipated date of the ride. When returning the application, you will be required to sign the Liability Exemption Form in the presence of a Battalion Chief, Captain, or their designee.

The following guidelines apply to anyone requesting to participate in the Ride-Along Program.

- ☐ The Fire Department has the authority to approve or deny any request for participation in this program, or alter such request in the best interest of the department.
- ☐ Participants may be restricted to one ride.
- ☐ Participants must be 21 years of age or older to participate in the Ride-Along Program. Students enrolled in an Emergency Medical Technician (EMT) class will be given special consideration.
- ☐ Participant's attire shall consist of a collared shirt, casual slacks (no jeans) and comfortable shoes. Nursing students may wear scrubs. Dress appropriately for weather conditions.
- ☐ The Fire Department has the authority to revoke an authorization at any time if a participant's conduct is not in the best interest of the department.
- ☐ The participant's ride shall last no longer than eight (8) hours. Participants may not ride before 8:00 a.m. or later than 8:00 p.m. No ride alongs may be scheduled on City holidays.

In addition to the guidelines above, persons requesting to ride on suppression units are subject to the following:

- ☐ The participant may only observe operations/activities from a safe location. No Ride-Along participant is allowed to engage in, or otherwise participate in, tactical operations at the emergency scene, or physical training activities.
- ☐ Participants will be provided disposable earplugs to be worn during all Code 3 (lights and sirens) responses and while at the incident scene.

Signature: _____ this ____ day of _____, ____.

Printed Name: _____

Ride-Along Participation Agreement

Assumption of Risk, Indemnity Agreement, And Covenant not to Sue

I, _____ have requested that the Lynchburg Fire Department allow me to come onto Fire Department facilities and to ride with Fire Department personnel on emergency equipment as part of the Lynchburg Fire Department's Ride-Along Program. I am fully aware of the inherent risks associated with my participation in the Ride-Along Program, which include, but are not limited to bodily injury, physical disability, physical and mental diseases, death, and property damage resulting from the risks of motor vehicle accidents, exposure to infectious/contagious diseases, accompanying Fire personnel into high crime areas and the general uncertainty surrounding the provision of emergency services. Understanding these risks, it is still my decision to participate in the Ride-Along Program and in consideration of the City of Lynchburg allowing me to participate; I assume full responsibility for such risks. I agree that neither I, or my legal representatives, heirs, and assigns, will hold the City of Lynchburg, its officials, employees or agents, responsible for any injuries, disabilities, physical and mental diseases, death, property damage, or losses and expenses of any nature whatsoever that I may sustain as a result of my participation in the Ride-Along Program, whether caused by the negligence of the City of Lynchburg, its officers, employees and agents, or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of the City of Lynchburg, its officers, employees and agents, from all claims and expenses of any nature whatsoever, including the cost of defending such claims which may accrue against, be charge to, or recovered from or sought to be recovered from the City of Lynchburg, its officers, employees and agents, as a result of my participation in the Ride-Along Program.

I understand that this agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I further understand that permission to participate in the Ride-Along Program is granted subject to the rules and regulations of the Lynchburg Fire Department and such permission may be restricted to specified periods of time or revoked entirely by the Lynchburg Fire Department in its sole discretion.

My Signature _____ this _____ day of _____, _____

Printed Name: _____

Witness Signature _____ this _____ day of _____, _____

CAUTION: READ BEFORE SIGNING

Lynchburg Fire Department Ride-Along Program HIPAA Participant Agreement

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (as amended) limits departmental disclosure of the protected health information of any patient to specific uses such as the provision of treatment or other health care services, for billing and payment purposes, and for health care operational purposes. Additionally, the department is authorized to release health information for a number of specialized purposes (to assist in the prevention or control of public health risks, selected assistance to law enforcement agencies, assistance to federal officials in the interests of national security, etc.).

As a participant in the department's Ride-Along Program, you are specifically prohibited from discussing individual patients, their treatment, and any other information that could be utilized to identify these patients with anyone except those departmental personnel who will be conducting your ride along activities. Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by law.

Should special circumstances necessitate that you utilize or disseminate such information (e.g. school reports, news articles); the Fire Marshal's office will assist you in ensuring that the material is in such form that it cannot be utilized to identify a specific incident. No health-related information may be utilized without review and subsequent authorization of the Fire Marshal or his designee.

As a participant in the Lynchburg Fire Department's Ride-Along Program, I understand the restrictions outlined above and I agree to abide by the requirements of this agreement. I understand that I may be subject to civil or criminal penalties should I violate the prohibitions set forth in the Health Insurance Portability and Accountability Act of 1996, 2.2-3705.5 (1) code of Virginia and federal regulation 45 CFR 164.502 as amended.

Ride-Along Participant Signature

Date

Printed Name of Ride-Along Participant

Witness

Date

Lynchburg Fire Department Ride-Along Application

Application must be filled out prior to participation and returned in person to Lynchburg Fire.

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

APPLICANT INFORMATION

Please fill in the information requested below. Prior to you being allowed to participate, the assumption of risk agreement must be completed with your signature being witnessed by a representative of the Lynchburg Fire Department. The completed form must be returned to the Training Division at least five business days prior to your requested participation. Any false information or omissions on this application may result in disqualification for ride-along privileges. The Lynchburg Fire Department reserves the right to deny ride-along privileges for any reason, without prior notice.

After your form has been submitted, contact the Training Division at 455-6343 to verify approval.

Full Name		Date of Birth
Home Address		HM/WK Phone Number
Social Security Number		Cell Phone Number
Place of Employment or School		Gender (circle): Male Female
Position/Title	Major/Study	
Place of Employment/School Address		Business/School Phone #:
Organization(s) Represented		
What is your interest in participating in this program?		
Date you are requesting to "Ride-Along"	Unit You Wish To Ride	How did you become aware of this program?
Time you wish to "Ride-Along" (Must be after 8:00 a.m. but before 8:00 p.m. and for no more than 8 hours total.)		

Please answer the following by placing a 'Y' for yes, or an 'N' for no, in the box to the right of the question:

Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such a partner?		Have you ever been charged or convicted of a criminal offense? Please list the offense, date, and location: _____ _____	
Are you under indictment or do you have charges pending in any court for any crime?		Are you currently taking any medication that could impair your judgment in a stressful situation?	
Have you ever participated in this program? If yes, when did you last participate?		Are you an unlawful user of marijuana, any depressant or stimulant, or any controlled substance?	

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

Signature of Applicant: _____ **Printed Name:** _____

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Approved: ☐ Yes ☐ No Signature: _____ Comments: _____ Rode with: _____	___ Failed to appear ___ Refused to allow applicant to ride Explain: _____ ___ Terminated applicant's ride before scheduled time Explain: _____
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Return completed form in person to the Training Division's Administrative Assistant at the Lynchburg Fire Department, 800 Madison Street, Lynchburg, VA 24504. If you have any questions, please call 434-455-6343.