

SALEM FIRE DEPARTMENT RIDE ALONG/JOB SHADOW APPLICATION

See back of form for Health Occupation Student Approval Section

2.1.16A. Revised: March 29, 2005

(PLEASE PRINT)

NAME: _____			DATE OF BIRTH: _____		
Last	First	Middle	Month/Day/Year		
HOME PHONE: _____			WORK PHONE: _____		
DRIVER'S LICENSE NUMBER: _____			SSN: _____		
HOME ADDRESS: _____					
Number	Street	City	State	Zip Code	
TYPE OF RIDE: <input type="checkbox"/> Fire Engine <input type="checkbox"/> Ambulance <input type="checkbox"/> Other Department Vehicle					
PURPOSE OF RIDE (Explain): _____					
In case of an emergency notify: _____			HOME PHONE: _____		
WORK PHONE: _____			ADDRESS: _____		
Applicants under the age of 18 years require special authorization. Please schedule as far in advance as possible (Minimum 2 weeks). You will be contacted by telephone to confirm whether or not there is a vacancy for the date and time you have selected.					
Date you want to ride: _____		Desired Start Time: _____		Desired End Time: _____	
		AM/PM		AM/PM	

The applicant named above hereby acknowledges and declares that this application is made with the following understandings and stipulations:

1. The applicant will ride as a passenger in motor vehicles owned by the City of Salem and operated by employees of the Salem Fire Department. Such transportation is furnished to the applicant purely gratuitously, as a revocable privilege, so that the applicant may observe the daily, routine operation of the Salem Fire Department.
2. Fire Department response may involve the operation of fire vehicles in emergency conditions as authorized emergency vehicles as permitted by State Law. Such operation may involve greater than normal speeds, justified disregard of certain traffic control devices and rules of the road, etc. The circumstances requiring emergency operation may include, but are not limited to, expeditious response to a reported emergency or transportation of a critical patient. Such circumstances are so varied that an exhaustive list cannot reasonably be compiled. Determination of when to operate a fire vehicle as an emergency vehicle is within the sole discretion of the Salem Fire Department and its officers.
3. Fire and Paramedic work involves, by its very nature, many hazards beyond the power of the Salem Fire Department and its officers to control. At all times while riding as an observer, the applicant agrees, without question or hesitation, to abide by the directions of the Salem Fire Department given by its officers; and further recognizes that those directions may not effectively eliminate risk to the applicant, which risk the applicant assumes.
4. The Fire Department strongly encourages the applicant to obtain the following vaccinations prior to riding in a fire engine or ambulance: Tetanus, Measles, Mumps, Rubella (MMR), and Hepatitis A & B series.
5. Ambulance ride along will only be granted to Emergency Medical Technician students, health care professionals, or other individuals with a bona fide need to observe emergency medical work from within the ambulance patient compartment.
6. The applicant recognizes that in an emergency, a firefighter or paramedic may not be able to both perform their duty and dismiss the applicant from their presence, thereby subjecting the applicant to the same risks as is presented to the employee. The applicant recognizes and acknowledges assumption of this risk.
7. The applicant agrees to keep confidential all observations and conversations which may emerge as a result of their participation in this program. The applicant may overhear communications made by a patient to a paramedic or between paramedics in the course of the paramedics' duties in providing patient care, and those communications may be subject to a legal privilege of confidentiality.
8. The applicant recognizes that a portion of their ride along may be spent in an operational fire station. Fire stations are used as living quarters for on-duty crews and include such activities as physical fitness, showering, and sleeping.
9. Consent to Medical Assistance. The applicant recognizes that if she or he requires medical assistance, including first aid and/or ambulance service, the Salem Fire Department will arrange for the same, consent for which is hereby given, and agrees to pay any and all costs incurred or accruing in connection therewith.

(O V E R)

- 10. Release of Liability. In consideration of the acceptance of this application and granting by the Salem Fire Department of the privilege of acting as a ride along observer, the applicant does hereby forever release, discharge and acquit the City of Salem, its officers, agents and employees from any and all claims for death, personal injury and/or damage to property of any nature which may arise from or in connection with their participation hereunder.
- 11. This ride along may be canceled or terminated at the discretion of the appropriate Fire Department supervisor.
- 12. No concealed weapons will be permitted during the ride along.
- 13. **Applicant agrees to; watch the HIPAA video and a background check** Yes Attested By: _____
- 14. **THE APPLICANT DECLARES TO HAVE CAREFULLY READ AND FULLY UNDERSTAND THE FOREGOING:** and, by signature affixed hereto, accepts the same and assents thereto in its entirety.

APPLICANT: _____ DATE: _____
 (Signature)

PARENT OR LEGAL GUARDIAN MUST SIGN THE FOLLOWING IF THE APPLICANT IS UNDER 18 YEARS OF AGE

I, _____, being the parent
 (Print first, middle and last name of parent or legal guardian)

or legal guardian of the above applicant, do hereby certify that I have carefully read and fully understand the foregoing application; and do hereby personally and on behalf of the said applicant accept and assent to their participation under the terms, stipulations and conditions set forth in the said application, including the CONSENT TO MEDICAL ASSISTANCE (paragraph 9) and the RELEASE OF LIABILITY (paragraph 10) set forth therein.

PARENT OR GUARDIAN: _____ DATE: _____
 Signature

Health Occupation Student Approval: Name of School: _____

Approved By: _____ Title: _____ Date: _____

----- **SALEM FIRE DEPARTMENT USE ONLY** -----

Date Applicant Will Ride: _____ Time: _____ Shift/Unit: _____

APPLICATION ACTION: (completed by shift of ride along)

CAPTAIN Signature: _____ Recommend: **Yes** _____ **No** _____ Date: _____

Comments: _____

BC Signature: _____ Recommend: **Yes** _____ **No** _____ Date: _____

Comments: _____

DEPUTY CHIEF Signature: _____ Date: _____

Company Officer/Supervisor: Complete the section below after the activity and forward to the Fire Chief's Office

Date Applicant Rode _____ From: _____ Hours To: _____ Hours

Captain/Supervisor Signature: _____