



East Pierce Fire & Rescue

Ride Along Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Title: Mr. Ms. Mrs. Miss Dr. _____ Preferred nickname: _____

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Copy of Driver's License or Identification attached (required) Birthdate: _____

Emergency Contact

Please list two emergency contacts.

Primary contact:

Full Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Secondary contact:

Full Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Preferences

PLEASE ALLOW TWO WEEKS FOR SCHEDULING (Ride alongs permitted between 0800-2000 hrs only.)

Preferred ride date: _____ From: _____ AM / PM To: _____ AM / PM

Alternate ride date: _____ From: _____ AM / PM To: _____ AM / PM

Preferred station: _____ Preferred shift/employee: _____

The purpose of my visit is: _____

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct, and complete. I understand I can be denied from participating in the program for any misrepresentation or omission in the above statement. I authorize East Pierce Fire & Rescue to request a background inquiry from the Washington State Patrol and understand that my participation in the requested job shadow/ride along is dependent upon a satisfactory report.

Signature: _____ Date: _____

Release and Waiver

I wish to participate in a job shadow/ride along opportunity at East Pierce Fire & Rescue. I understand and appreciate that being in a fire department environment raises certain risks. I am aware that I could sustain certain injuries while participating. I voluntarily assume all risk, through their negligence or any other cause, with my participation with the District and release and hold harmless East Pierce Fire & Rescue, their employees, and the board of commissioners.

I intend by this Release and Waiver to release, in advance, and to waive my rights and discharge all of the persons and entities mentioned above from any and all claims for damages for personal injury or property damage which I may have, or which may hereafter occur to me, as a result of my presence at East Pierce Fire & Rescue for the purposes of a job shadow/ride along. I acknowledge that I am solely responsible for my personal health and safety and will not engage in any activities that subject me to undue risk.

I have read this Release and Waiver and fully understand its terms. I understand that this is a release of liability and that I am signing it on a voluntary basis.

PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING

Applicant Signature: _____ Date: _____

If under 18, please complete the Consent to Participate:

Consent to Participate

The applicant has my permission to participate in a job shadow/ride along experience with East Pierce Fire & Rescue. I will assist him/her in following the rules and regulations established to make this program successful. I have read the Release and Waiver and fully understand its terms. I understand that this is a release of liability and that I am signing in on a voluntary basis as the parent/guardian of the applicant minor.

Parent/Guardian Signature: _____ Date: _____

Participant Agreement

The employees of East Pierce Fire & Rescue welcome the opportunity to provide citizens the chance to experience first-hand the daily operations of the Fire Department. With this opportunity, there are certain expectations. These expectations will assist in providing the best education and safety for the observer and will eliminate any service disruption to the community we serve. Below are the expectations of East Pierce Fire & Rescue and the participant.

East Pierce Fire & Rescue agrees to provide the observer with the following:

- An assigned supervisor
- An orientation to East Pierce Fire & Rescue and information regarding the safety policies and procedures by the supervisor
- Familiarization with the infectious waste hazards at the station and in the apparatus
- Worker Right To Know information, and M.S.D.S. location at the worksite
- Department "Observer" vest and helmet. The observer will be responsible for the proper care and stowing of these items.
- Any required documentation of completion, evaluation, or feedback needed by the observer
- As much close-up, real-life experience as possible while still providing for the observer's safety, the efficiency of scene management, and confidential patient care.

The participant understands and agrees to the following:

- The ride along experience is limited to one ride along (with a maximum of 12 consecutive hours between 0800-2000 hours) per a six-month period (up to 2 per year) within one discipline.
- The job shadow/ride along experience is limited to approved East Pierce Fire & Rescue assignments, the participant will observe only.
- Follow the dress code outlined below for this program:
 - Dress is to be professional, while participating in this program you are representing the District and will be visible to the community. Clothing should not be form fitting or extra loose.
 - Blue or black slacks.
 - A solid blue or black shirt, without screen-printing. Any wording, image or print on clothing will be left to the supervisor's discretion as to whether it is appropriate.
 - Sturdy shoes or boots with flat soles.
 - Appropriate coat, sweatshirt, or sweater.
- **Observers are responsible for their own meals and expenses.** Due to the nature of emergency field operations, there is no assurance that time will be allowed for meals. It is recommended that you bring snacks, drinks, and/or meals in a small bag or cooler that can be carried with you during your visit.
- Report to worksite on time as scheduled or notify the assigned supervisor of any conflicts. Failure to do so may result in the discontinuation of participation.
- Follow directions given by the supervisor and/or other members of the District at incident scenes and in daily activities to provide for your learning and safety.
- Adhere to all safety guidelines of the District.
- Be honest, courteous, responsible, and cooperative.
- Protect the privacy of any person that you may come in contact with during an incident.
- Come mentally and physically prepared for numerous types of activities. The District responds to emergency and non-emergency calls, at any time for as long as it takes to mitigate the circumstance. Thus, we recommend you to not schedule any activities close to your scheduled time. You are responsible for communicating any potential scheduling conflicts to your assigned supervisor as soon as possible to avoid any time conflicts.
- Accurately complete the application packet including a signature (either by self and/or guardian if under 18), and a copy of a valid driver's license or identification card.
- Riders/Observers will not possess weapons of any type while participating in the in a job shadow or ride along. This provision will not apply to observers who are commissioned Law Enforcement Officers within the State of Washington or otherwise recognized as having law enforcement powers in the State.
- Riders will not record video, take photos, post on social media, and/or collect any form of permanent record without expressed consent from their assigned District supervisor.

Confidentiality

CONFIDENTIALITY OF INFORMATION STATEMENT AND POLICY

I understand the principle of confidentiality is basic to the maintenance of professional ethics and community respect. As a participant in East Pierce Fire & Rescue's job shadow/ride along program, I assume the ethical responsibility of holding all information obtained directly or indirectly concerning patients, doctors, staff, or volunteers as absolutely confidential. Information of a private or sensitive nature: medical record information, employee personnel records and system, facility or agency operating and financial data are also absolutely confidential. I will not actively seek to obtain any information considered to be confidential.

Furthermore, I understand that intentional or involuntary violation of our confidentiality policy will result in termination of participation and punitive action, including possible fines, criminal charges, or even imprisonment.

Participant's Initials: _____

CONFIDENTIALITY AGREEMENT – PROTECTED HEALTH INFORMATION DISTRICT POLICIES AND PROCEDURES

Given the nature of our work, it is imperative that we maintain the confidentiality of patient information that we receive in the course of our work. East Pierce Fire & Rescue prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations. Discussions of Protected Health Information (PHI) within the organization should be limited to the minimum necessary for patient care. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for treatment, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities

I understand that East Pierce Fire & Rescue provides services to patients that are private and confidential and that I play a crucial role in respecting the privacy rights of patients. I understand it is necessary, in rendering East Pierce Fire & Rescue's services, that patients provide private, personal information and that such information may exist in various forms such as electronic, oral, written or photographic. I understand all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all East Pierce Fire & Rescue confidentiality policies and procedures effective during my entire participation in the Job Shadow Program with the district. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies or procedures, I agree to notify the Human Resources Officer immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my participation in East Pierce Fire & Rescue's Job Shadow Program. Upon termination of my participation in the program for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. I have read and understand all privacy policies and procedures that have been provided to me by the District. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of participation in the program. This is not a contract of employment and does not alter the nature of the existing relationship between me and the District.

Participant's Initials: _____

Signature: _____ Date: _____

Printed name: _____

(Note: If the participant is a minor, this agreement must be signed on the minor's behalf by a parent or guardian.)

Hold Harmless Agreement

I, _____, hold harmless and release East Pierce Fire & Rescue, and all of its officers of any responsibility in the event of an accident or injury or any other claim that I might have while being a passenger in any East Pierce Fire & Rescue vehicle or otherwise supervising East Pierce Fire & Rescue activities.

Furthermore, I accept full responsibility for my actions and conduct while being a passenger in the Fire Department vehicle. I also agree to abide by the instructions and directives of the officer that I am assigned to.

I also understand that East Pierce Fire & Rescue carries no insurance that will cover me in the event of an accident or injury. For this reason, I must provide my own insurance coverage for any claim(s) that I may have while participating in the ride-along program.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Return completed forms and copy of photo ID to Corina Byerley. Forms can be sent via email to cbyerley@eastpiercefirerescue.org or mail/drop off to East Pierce Fire & Rescue, 18421 Veterans Memorial Dr E, Bonney Lake, WA 98391. Questions? 253-447-3534

Rider Orientation Briefing

Reference ONLY: To be completed at beginning of ride along with staff.

| | Supervisor | / | Rider |
|--|------------|---|-------|
| 1. The rider has been instructed to obey all directions given by EPFR personnel. The rider has been advised of basic safety rules for the facility, apparatus, vehicle and/or situations they may encounter. | _____ | / | _____ |
| 2. The rider has been instructed to remain seated and secured when riding in any EPFR vehicle unless otherwise directed by the EPFR personnel. | _____ | / | _____ |
| 3. The rider has been instructed on how to wear the vehicle seatbelt and shoulder restraint at all times while riding in a EPFR apparatus or vehicle. | _____ | / | _____ |
| 4. The rider has been informed that EPFR personnel may drop the rider off in a safe location prior to arrival at any potentially dangerous situation for reasons of personal safety or the sensitive/graphic nature of the incident. The specifics of this type of action have been discussed with the rider. | _____ | / | _____ |
| 5. The rider has been instructed not to engage in conversation with anyone at an emergency scene, other than the EPFR personnel. Riders are prohibited from using EPFR radios and other communications equipment. | _____ | / | _____ |
| 6. The rider has been advised that no photography or other documentation is allowed during their visit without prior approval of the supervisor. Any photography and/or other documentation during a 911 incident become the property of the EPFR and will be confiscated. Unauthorized documentation may result in immediate termination of the privilege to observe. | _____ | / | _____ |
| 7. The rider has been informed that the EPFR supervisor may terminate the observation opportunity, at any time and for any reason. | _____ | / | _____ |
| 8. The District expects all employees and riders to behave in a professional manner and treat each other with dignity and respect. The District prohibits discrimination, harassment, and bullying of any type. | _____ | / | _____ |

This is not intended to be an all-inclusive list and further information regarding the observation may be provided by the District supervisor.

Supervisor Signature: _____ Date: _____

Rider Signature: _____ Date: _____