



STAFFORD COUNTY FIRE AND RESCUE DEPARTMENT

RIDE-ALONG PROGRAM



Applicants for the Ride-Along Program must complete the following:

- Ride-Along Program Application (*requires applicant signature and parent/guardian signature if under 18*)
- Ride-Along Program Minor Applicant Waiver of Civil Liability (*if under 18, requires Notary*)
- Ride-Along Program Waiver of Civil Liability (*requires Notary*)
- Confidentiality and Non-Disclosure Agreement (*requires applicant signature*)

No application will be processed unless all documents have been filled out, signed, and notarized appropriately. **ONLY ORIGINAL APPLICATIONS WILL BE ACCEPTED.**

Applications can be mailed to: Stafford County Fire and Rescue Department
P.O. Box 339
Stafford, VA 22555

Applications can be dropped off: Public Safety Center
Fire and Rescue Department
1225 Courthouse Road
Stafford, VA 22554

Once the application has been processed, the applicant will be contacted by email and informed if the application was approved. **All ride-along scheduling is done through email only.** The approved Ride-Along Application will be on file and valid for 1 year from the date of approval.

This program is voluntary and conducted in the interest of public enlightenment. The Stafford County Fire and Rescue Department reserves the right to limit or exclude any person from participation in this program when it is deemed by the Department, that the person's participation would not be in the best interest of the Department, any of its individual members, or the public, or when it might reasonably be construed that a conflict of interest may exist or come to exist between the applicant and the Department or its mission.

**STAFFORD COUNTY FIRE AND RESCUE DEPARTMENT
RIDE-ALONG PROGRAM APPLICATION**

Full Name: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you a member of any civic organization: YES NO

If yes, list organization name and your position: _____

Reason you are requesting to ride:

<input type="checkbox"/> Interested in Fire and/or EMS
<input type="checkbox"/> EMT Student <input type="checkbox"/> AEMT Student <input type="checkbox"/> Paramedic Student
Class Location and Instructor: _____
<input type="checkbox"/> EMT Release <input type="checkbox"/> AEMT Release <input type="checkbox"/> Paramedic Release
Virginia Certification Number: _____

Have you ever completed a Ride-Along with this department: YES NO

If yes, list approximate dates: _____

Have you ever been refused participation in this program: YES NO

If yes, list approximate date and reason: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

By signing below, I affirm that the information contained in this application is true and accurate:

Applicant Signature

Date

Parent/Guardian Signature (if under 18)

Date

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

**STAFFORD COUNTY FIRE AND RESCUE DEPARTMENT
RIDE-ALONG AGREEMENT TO INDEMNIFY, HOLD HARMLESS, AND ASSUME RISK**

In consideration of Stafford County, Virginia (“the County”) and the Stafford County Fire and Rescue Department (“the Department”) allowing me to participate in the Ride-Along Program, I agree to indemnify, defend, and hold harmless the County and the Department, and their officers, employees, and agents from any claims, demands, suits, and actions of any kind or nature, whether at law or equity, arising from my participation in the Ride-Along Program, provided that such liability is not attributable to the sole negligence of the County or Department.

I understand that my participation in the Ride-Along Program involves risk of injury, including serious and disabling injury, and even the possibility of death. The risk of injury involved includes, but is not limited to, cuts/lacerations, bumps/bruises/contusions, sprains, strains, dislocations, fractures, burns, and gunshot wounds, and even the possibility of death. I also understand and recognize that there are many other serious and disabling injuries which may arise due to my participation in this activity and that it is not possible to specifically list each and every individual injury risk. By signing this Agreement, I desire, consent, and voluntarily choose to participate in the Ride-Along Program. Knowing the material risks and appreciating, knowing, and reasonably anticipating that serious and disabling injury or death is a possibility, I assume all of the risks normally incident to the nature of the activities involved as a participant in the Ride-Along Program and agree that the County and the Department, and their officers, employees, and agents shall not be responsible for any injury to me. I understand that any medical expenses resulting from any injury shall be my responsibility and the County and the Department shall not be responsible for any medical expenses.

Knowing the material risks and appreciating, knowing, and reasonably anticipating that damage or injury to my personal property is a possibility, including its complete destruction and total loss, I also assume all of the risk normally incident to the nature of the activities involved in the Ride-Along Program and agree that the County and the Department, and their officers, employees, and agents shall not be responsible for any damage or injury to my personal property.

**STAFFORD COUNTY FIRE AND RESCUE DEPARTMENT
RIDE-ALONG PROGRAM MINOR APPLICANT WAIVER OF CIVIL LIABILITY**

IF APPLICANT IS UNDER 18 YEARS OF AGE, THE INFORMATION BELOW IS REQUIRED:

I am the parent/guardian of _____, who is requesting to participate in the Stafford County Fire and Rescue Department Ride-Along Program. I hereby give my permission for _____ to participate in the Ride-Along Program and agree to all terms set forth in the Ride-Along Agreement to Indemnify, Hold Harmless, and Assume Risk.

Parent/Guardian Signature

Date

This space is reserved for the Notary Public

**THIS DOCUMENT MUST HAVE THE NOTARY SEAL/STAMP IN ORDER
TO BE ACCEPTED**

County/City of _____ Commonwealth/State of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, _____, by _____
DAY OF MONTH MONTH YEAR PERSON SEEKING ACKNOWLEDGEMENT

PRINTED NOTARY PUBLIC NAME

NOTARY PUBLIC SIGNATURE

My Commission Expires: _____

Registration Number: _____
(If State required)

Place Notary Seal/Stamp Here

**STAFFORD COUNTY FIRE AND RESCUE DEPARTMENT
RIDE-ALONG PROGRAM WAIVER OF CIVIL LIABILITY**

I agree to comply with all rules and regulations of the Ride-Along Program and any instructions, directions, and orders issued by members of the Department or any County officer, employee, or agent in connection with the Ride-Along Program. I also agree to all terms set forth in the Ride-Along Agreement to Indemnify, Hold Harmless, and Assume Risk.

Applicant Signature _____

Date _____

This space is reserved for the Notary Public

**THIS DOCUMENT MUST HAVE THE NOTARY SEAL/STAMP IN ORDER
TO BE ACCEPTED**

County/City of _____ Commonwealth/State of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, _____, by _____
DAY OF MONTH MONTH YEAR PERSON SEEKING ACKNOWLEDGEMENT

PRINTED NOTARY PUBLIC NAME

NOTARY PUBLIC SIGNATURE

My Commission Expires: _____

Registration Number: _____
(If State required)

Place Notary Seal/Stamp Here

TRAINING DIVISION USE ONLY:

- Applicant approved: OBSERVATION ONLY SUPERVISED PARTICIPATION
 Applicant denied/reason: _____

Training Division Signature

Printed Name

Date

**STAFFORD COUNTY FIRE AND RESCUE DEPARTMENT
RIDE-ALONG PROGRAM APPLICANT CONFIDENTIALITY & NON-DISCLOSURE AGREEMENT**

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

I agree that I will comply with all confidentiality and security policies and procedures set in place by Stafford County Fire and Rescue during my experience as a student/guest/trainee with Stafford County Fire and Rescue. If at any time I knowingly or inadvertently breach the patient confidentiality or security policies and procedures, I agree to notify the Privacy Officer of Stafford County Fire and Rescue immediately.

I also understand that I may be exposed to other confidential or proprietary information of Stafford County Fire and Rescue and I agree not to reveal any of that information to anyone at any time.

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

I have been given an overview of the privacy policies and procedures and have been given access to review those policies. I agree to abide by all policies or my privilege to participate in clinical activities or to otherwise observe Stafford County Fire and Rescue activities will be terminated.

Applicant Signature

Date