

## Caroline County Dept. of Fire and Rescue Ride-Along Application

<b>APPLICANT INFORMATION</b>			
<i>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 Department reserves the right to deny ride-along privileges for any reason, without prior notice.</i>			
Full Name		Date of Birth	
Home Address		HM/WK 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	Time you wish to "Ride-Along"?	
<b>Please answer the following by placing a 'Y' for yes, or an 'N' for no, in the box to the right of the question:</b>			
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 Caroline County Department of Fire and Rescue Department. The above information is true and accurate to the best of my knowledge.			
Signature of Applicant: _____ Printed Name: _____			
<b>FOR DEPARTMENT USE ONLY</b>			
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Return completed form to the Caroline County Fire and Rescue - Training Officer.	
Signature: _____		Caroline County Department of Fire and Rescue	
Comments: _____		233 West Broadus Ave	
_____		Bowling Green, VA 22427	
_____		If you have any questions, please call 804-633-9831.	
_____			

Application must be filled out prior to participation.

**CAROLINE COUNTY  
DEPARTMENT OF FIRE-RESCUE & EMERGENCY MANAGEMENT  
WAIVER OF CIVIL LIABILITY  
CITIZEN RIDE-ALONG/OBSERVATION PROGRAM**

In consideration of the Caroline County Department of Fire-Rescue & Emergency Management (hereinafter, the "Department") granting me permission to accompany a member of the Department as a participant in the Citizen Ride-along/Observation Program, I, \_\_\_\_\_, understand that this program is inherently dangerous and I assume all risk of injury. I have been advised and understand that participation in this activity, even as an observer, may expose me to hazardous substances and/or circumstances, including, but not limited to bloodborne pathogens, communicable diseases, and severe weather. To the extent legally permissible, I hereby waive any and all claims and demands, of whatever nature, which I have or may hereafter acquire against Caroline County, Virginia, the Department, and any or all of their servants, agents, employees and officers, as a result of my voluntary participation in the Ride-along Program on the date and time specified. I further agree to comply with all rules of the Ride-along Program and any instructions or orders issued by members of the Department in connection with this program. I hereby acknowledge that I fully understand the consequences of this waiver and that I have signed this as a voluntary and intelligent act on my part.

\_\_\_\_\_  
**RIDE-ALONG PARTICIPANT (Printed name)**

\_\_\_\_\_  
**STREET ADDRESS**

\_\_\_\_\_  
**HOME PHONE**

\_\_\_\_\_  
**WORK PHONE**

\_\_\_\_\_  
**RIDE-ALONG PARTICIPANT (Signature)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN IF REQUIRED**

\_\_\_\_\_  
**DATE**

## **Caroline County Department of Fire and Rescue 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 Chief'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 Chief or his designee.

As a participant in the Caroline County Department of Fire and Rescue'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.

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Ride-Along Participant / Guardian Signature

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Date

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Printed Name of Ride-Along Participant

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Witness

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Date