



VILLAGE OF HEBRON

DIVISION OF FIRE & EMS

RIDE ALONG PROGRAM

PART A – APPLICATION

OBSERVER NAME _____ DATE OF APPLICATION _____

ADDRESS _____ CITY, STATE, ZIP _____

CELL PHONE _____ EMAIL ADDRESS _____

PURPOSE OF RIDE ALONG	FIRE/EMS CERT	EXPERIENCE	PERSPECTIVE EMPLOYMENT
ARE YOU AT LEAST 18 YEARS OF AGE?	YES	NO	<i>(If not, please have parent or legal guardian complete the HIPPA & Liability Waiver Forms)</i>
ARE YOU AFFILIATED WITH A FIRE OR EMS AGENCY?	YES	NO	
IF SO, PROVIDE THE NAME OF THE ORGANIZATION _____			

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

IF YES, PLEASE EXPLAIN _____

EMERGENCY CONTACT NAME _____ CELL PHONE _____

Please fill out this section if riding for certification or educational purposes

NAME OF SCHOOL _____ LOCATION (CITY, STATE) _____

SCHOOL TYPE COLLEGE TRADE SCHOOL HIGH SCHOOL OTHER

NAME OF INSTRUCTOR/TEACHER _____ PHONE NO. _____

CERTIFICATION/CLASS ENROLLED
FIREFIGHTER I FIREFIGHTER II EMT
PARAMEDIC OTHER (PLEASE SPECIFY)

I, _____ *(Print Name)* attest that all above information is true and accurate; that I have read, understand, and agree with the rules & regulations of the Hebron Fire Department in Part C; and that I have attached all necessary forms required with this application.

FORMS ATTACHED B - SCHEDULE E - LIABILITY WAIVER
D - PERMISSION FORM SCHOOL DOCUMENTS F - HIPPA WAIVER
OTHER

SIGNATURES

APPLICANT OR PARENT/LEGAL GUARDIAN _____ DATE _____

WITNESS _____ DATE _____
(must be 18 y/o or older)



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PART B – SCHEDULE

RIDER NAME _____

AMOUNT OF RIDE ALONGS DESIRED ONCE 2-3 4-5 MORE THAN 5 TIMES

FREQUENCY MONTHLY WEEKLY DAILY AS OFTEN AS POSSIBLE

DEPARTMENT USE ONLY

OFFICER ASSIGNED TO RIDER _____

APPROVED RIDE SCHEDULE

DATE	START TIME	END TIME	UNIT DAY			INCLUDE IN MEALS	
/ /	:	:	1	2	3	YES	NO
/ /	:	:	1	2	3	YES	NO
/ /	:	:	1	2	3	YES	NO
/ /	:	:	1	2	3	YES	NO
/ /	:	:	1	2	3	YES	NO

ADDITIONAL RIDE TIME DESIRED YES NO

IF SO, HOW MANY? _____

COMMENTS _____

OFFICER SIGNATURE _____ DATE _____



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PART C – RULES AND REGULATIONS

Outlined below are the rules and regulations that a person riding with the Hebron Fire Department shall adhere to at all times. Failure to abide any rule may result in dismissal from the program, an official complaint filed with the organization/s the rider represents, and/or legal implication, depending on the infraction. By signing the ride along application, the applicant and parent/guardian, if applicable, are stating that they agree to all of the terms outlined here.

Instructions

1. Participants under the age of eighteen (18) must submit forms A, B, D, & E when applying to participate in the Ride Along Program.
2. Participants eighteen (18) years of age or older must submit forms A, B, & E when applying to participate in the Ride Along Program.
3. All participants should retain Part C – Rules and Regulations for reference.

What to Expect

1. It is imperative that all applicants and parents/legal guardians, if applicable, understand the nature of the experience/s an observer may be exposed to while participating in the ride along program. Participants may experience such things as: the death, dismemberment, severe pain, suffering, emotional distress, heartache, or other act of suffering experienced by another human being; blood or other bodily fluids; the complete destruction of another person's home and/or personal belongings; aggression, rage, or other negative emotion; and more.
 - a. When the officer, or other person in charge, believes that an observer should not bear witness to certain experiences, the officer may make attempts to shield the observer from witnessing said experiences. However, this may not always take place or even be possible, thus the observer may experience these situations as a result.
 - b. By signing Part A – Application, you are acknowledging that you have read this advisory and understand the nature of experiences the observer may witness during the course of the ride along program. You also understand that if there is concern regarding these potential experiences and do not wish for the observer to witness the potential situations, that it is recommended that the applicant refrain from applying to participate in the ride along program.
2. The purpose of the ride along program is to educate the observer in various ways, depending upon his/her reason for participating in the program. Outlined below are some examples:
 - a. Certification Requirements – For an individual to receive their certification in certain firefighter, EMT, paramedic, or other programs, they must complete a specific number of hours observing these functions of the department. While participating in the program, the observer will be assigned to the applicable crew or individual (engine or medic crew, fire marshal, etc) and accompany them throughout their shift. When not performing the necessary duties with the assigned crew, such as during downtime, the observer will be encouraged to study their course



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materials. Student observers are also encouraged to utilize the knowledge and experience of the department staff to assist them in studying or understanding their coursework.

- b. Experience – Those that are already certified as a firefighter, EMT, and/or paramedic may wish to participate in the ride along program in an effort to increase their level of experience. Though they may be certified already, the observer's purpose is to do just that and not to function in the role of their certification/s. Only under certain circumstances specifically permitted by the Fire Chief may they be able to function in such as role. This is on a case-by-case basis.
 - c. Exposure – When considering a career in emergency services, some wish to participate in the ride along program to gain experiences that will help them make a more informed decision as to their career choice. Department staff will provide additional aid the observer by educating them on the various aspects of the career, what is required of the observer, what to expect, and how to move forward in pursuing a career. When possible, the observer will receive hands-on demonstrations of different functions related to the job in an effort to provide the observer with a better understanding of field's demands.
3. An observer has the potential to witness some/all of the same stressful, emotional events as the rest of the fire department staff experience. When an incident impacts the crew members emotionally or psychologically, the department quickly activates resources that are designed to assist them in managing these related thoughts and feelings. Observers exposed to these same situations will be monitored closely, invited to share their thoughts and feelings with the others involved, and may participate in organized stress debriefings. The shift officer may inform the parent/legal guardian of a minor and request that they monitor the child if the officer is concerned about any emotional or psychological affects that may exist after they leave the station. Observers struggling with their experience after their observation are encouraged to return to the fire department to discuss the experience with the others that were present. The fire service believes that one of the best ways to coop with a traumatic event is to openly discuss it with others that experienced the same event.

General Conduct

1. Once an observation shift begins, the health and safety of the participant becomes the responsibility of those Hebron Firefighters on duty. The shift officer must, therefore, have certain authority over observer. Orders from the shift officer **MUST BE OBEYED AT ALL TIMES AND WITHOUT DISCUSSION**. Failure to comply with any order will result in **IMMEDIATE TERMINATION OF THE OBSERVATION SHIFT**.
2. Observers shall **NOT**, in any way, knowingly interfere or diminish the department's ability to deliver service.
3. Observers **MUST** refrain from any activity that could reflect negatively on the Hebron Fire Department, the Village of Hebron, or its employees.
4. An observer is not permitted to receive visitors or guests while participating in the program, unless otherwise permitted by the shift officer. Parents/guardians are permitted to visit their child for short periods of time as long as their visit does not disrupt the operations of the department.
5. All forms and waivers **MUST** be completed, signed, and accompany the ride along application.

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6. No person under the age of sixteen (16) can be accepted for observation of a shift.
7. There shall be no more than two (2) observers permitted to ride at one time.
8. Persons who have been granted permission to observe can observe, but are **PROHIBITED** in participating in field activities of the Fire Department, unless expressly permitted by the shift officer. Those that may be granted permission to participate in the functions of an emergency scene include:
 - a. **Certified Firefighters and/or EMT's** from communities **OTHER** than Hebron who are participating in training that require direct or indirect participation in such activities. Participation shall then be limited to their level of completed training, and under the **DIRECT** supervision of Hebron Fire Department personnel. Documentation may be requested from the officer indicating what training the rider has completed.
9. The observer may share information on calls **ONLY** for purposes approved by the Fire Chief, or their designee. **MEDICAL INFORMATION CONCERNING ANY INDIVIDUAL IS CONFIDENTIAL, AND SHALL NOT BE RECORDED, SHARED, OR DISCLOSED BY A RIDER.**
10. The observer shall not take any photographs or videos while functioning as such. Observers are also not permitted to post any information on social media regarding any emergency incidents or any other type of post that may be viewed negatively by another. If the observer wishes to post communications on social media, but are unsure if they are acceptable, the observer should refrain from making the post or request approval from the shift officer.
11. No one permitted to ride as an observer shall identify themselves as an employee of the Village of Hebron or knowingly imply that they are affiliated with the Hebron Fire Department.

Procedures

1. Participation in the observer/Ride Along program shall begin by first obtaining this application, complete it in its entirety, and submit it, in person, to an officer on duty.
2. One week advanced notice is recommended prior to the start of the ride along program.
3. The Fire Department may conduct an interview of the potential rider prior to acceptance into the program. The Fire Department will attempt to deliver an approval or denial response to the applicant within five (5) business days and shall be communicated by telephone during regular business hours or in person. This decision may be expedited on a case-by-case basis.
4. The Fire Department reserves the right to reverse their approval/denial decision at any time.
5. Observers should report to the shift officer prior to the start time indicated in the schedule. Furthermore, the observer shall be in his/her appropriate dress, per the dress code outlined below.

Dress Code

Dress code requirements for observer are as follows:

1. Sturdy footwear, preferably black.
2. Durable navy blue uniform pants.
3. Durable navy blue shift. T-shirts are acceptable, but a polo or button-up is preferred. Fire and/or EMS students that have an established uniform policy required by their school shall adhere to their school's dress code. Shirts shall be tucked in the pants, unless otherwise approved by the shift officer.



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4. Any dress code requirements of their school that conflict with the Fire Department are typically accepted, but should be brought to the department's attention at application.
5. No clothing or other items that may viewed as offensive shall be permitted to be worn while riding.
6. No items that are loose, hanging, or otherwise could be caught on an object are permitted to be worn. This includes, but is not limited to: hoop or dangling earrings; rings on a finger more than a wedding band and/or engagement ring; necklaces, etc. Hair length below the shoulders shall be tied appropriately so that it does not get caught in anything.
7. No rider or observer shall be permitted to wear any piece of clothing that bares writing or the insignia of the Hebron Fire Department, or that may imply that the observer is employed by the Village of Hebron.



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PART D – PARENT/GUARDIAN PERMISSION FORM

The undersigned, _____, and _____, referred to as the parent and/or legal guardian of _____, does (do) hereby represent that he/she is in fact acting in such capacity, and have read, understand, and consent to the terms above pertaining to the participation of the above-named minor in any activities authorized or promoted by the Hebron Fire Department, and hereby give permission for my/our child to participate. I have read this release and consented to its terms.

Print Name

Signature

Date

Print Name

Signature

Date

ACKNOWLEDGMENT OF INDIVIDUAL

STATE OF OHIO

COUNTY OF _____

The foregoing instrument was acknowledged before me

this _____ (date)

by _____ (name of person acknowledged)

Notary Public

Printed Name _____

My Commission Expires:



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PART E – WAIVER OF LIABILITY, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

READ CAREFULLY

Please read this form carefully and be aware that in registering and participating in the above program, you will be waiving and releasing all claims for injuries, damages, and/or death arising out of this program.

In consideration of being permitted to participate in the Hebron Fire Department Observer/Ride-A-long program, I, for myself and personal representatives, heirs, next of kin, hereby releases, waiver, discharges, and covenants not to pursue legal action against the

officers, agents, elected officials, or employees of the Hebron Fire Department, the Village of Hebron, Union Township, or any other

Entity from all liability to myself, my personal representative, assigns, heirs, and next of kin for all loss or damage, in any claim or damage therefore on injury or illness to the person or property in the death of myself, whether caused by the negligence of those Identified above, while I am participating in an observer / Ride-A-Long program with the Hebron Fire Department. I agree to indemnify those identified above from any loss, liability, damage or cost I may incur to my presence in or on the observer / Ride-A-Long program whether caused by the negligence of any party identified above. I hereby assume full responsibility for, and risk of, bodily injury, illness, death, or property damage due to negligence of those identified above while in or on the Observer / Ride-A-Long program.

I especially agree that this release waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio.

I further state that I have carefully read the above release and know the contents of the release and sign this release as his/her own free act.

I further release all employees, representatives, or agents of the Hebron Fire Department, the Village of Hebron, Union Township, and any other affected party from any claim whatsoever because first aid, treatment, or service rendered to the applicant during his/her participation because of the Observer/Ride-A-Long program.

This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

Name of Observer

Print & Sign Name

Date

Name of Parent/Legal Guardian, if Applicable

Print & Sign Name

Date



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PART F – HIPPA OBSERVER AGREEMENT AND STATEMENT OF UNDERSTANDING

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 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 several 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, patient reports), the shift officer 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 an officer.

As a participant in the Hebron Fire Department 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.

Applicant/Guardian (*Print & Sign Name*)

Date

Witness (*Print & Sign Name*)

Date