

Arvada Fire Protection District

7903 Allison Way
Arvada, CO 80005
Telephone (303) 424-3012
Fax (303) 432-7995

Citizens Academy

RIDE ALONG PROGRAM

**** Call 303-424-3012 to schedule your ride-along as soon as possible. You may ride any day of the week. Plan on staying as long as possible (until 6pm) or longer if you are out on a call. If you wish to do another ride after the academy we will try to accommodate your request. ****

- ✓ These instructions apply to all Fire Department personnel scheduling a Ride-Along for non Fire Department personnel to participate in the daily duties assigned to line Firefighters, Including responding emergent to Fire, Ems and Hazardous Material responses.
- ✓ It is the responsibility of the Fire Department management to ensure adherence to these instructions, and shall approve deviations on a case-by-case basis.
- ✓ Instructions:
- ✓ All participants between the ages of 12 and 17 must ride along with the on duty Battalion Chief and the participants' parent or legal guardian will need to sign a Notice of Dangerous Activity Covenant Not to Sue and Release Form. Participants 18 years of age and older may ride on fire apparatus. Proof of age must be provided by the participant prior to the Ride-Along.
- ✓ All participants must read, understand and sign a Notice Of Dangerous Activity Covenant Not to Sue and Release Form prior to participating in the program.
- ✓ Participants are not allowed to participate in the program more than one (1) time a month or more than six (6) times a year.
- ✓ All request for participation in the program will be scheduled through the on duty Battalion Chief.
- ✓ Once the Battalion Chief has approved the request, it will be forwarded to the station Captain at which the participant has requested to do the Ride-Along.
- ✓ All requests must be received and approved at least 7 days prior to the scheduled Ride-Along.
- ✓ When responding to non-emergent or emergent calls, the participant must be located at a safe distance from the scene as determined by the officer in charge.
- ✓ All participants are required to wear dark pants and a dark shirt. Preferably blue in color. No shorts or tank tops allowed. Clothing shall not display pictures or language that may be offensive to Firefighters or the citizens of the community. If there is any question, it will be determined by the officer in charge.
- ✓ A Ride-Along will only take place between the hours of 0700 –1800. Any deviation from these hours must be approved by the on duty Battalion Chief.
- ✓ Only one (1) Ride-Along will be allowed per station at any one time.

ARVADA FIRE PROTECTION DISTRICT

**Policy on Confidentiality and Dissemination of Patient Information and
Ride Along Verification**

Given the nature of our obligation to Emergency Medical Services, it is imperative that we maintain the confidence of patient information that we may receive in the course of carrying out our duties. The ARVADA FIRE PROTECTION DISTRICT prohibits the release of any patient information to anyone outside the organization and discussions of protected health information (PHI) within the organization should be limited. I understand that the ARVADA FIRE PROTECTION DISTRICT provides services to patients that are private and confidential and that I must respect the privacy rights of the ARVADA FIRE PROTECTION DISTRICT patients. I understand that it is necessary, in the rendering of ARVADA FIRE PROTECTION DISTRICT 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 confidential information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure for treatment, payment, health care operations or personal gain.

I agree that I will comply with all confidentiality policies and procedures set in place by the ARVADA FIRE PROTECTION DISTRICT during my Ride Along with the ARVADA FIRE PROTECTION DISTRICT. If, at any time, I knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of the ARVADA FIRE PROTECTION DISTRICT immediately. At any time upon request, I agree to return any and all patient confidential information in my possession.

I agree to all conditions of my Ride Along set forth in this agreement.

Signature: _____ *Date:* _____

Printed Name: _____

Arvada Fire Protection District



NOTICE OF DANGEROUS ACTIVITY COVENANT NOT TO SUE AND RELEASE

1. **Assumption of Risk.** I, the undersigned, am aware of the risks and dangers involved in accompanying one or more firefighters, agents, employees or representatives of the Arvada Fire Protection District (the "District") when on duty, including the risk of physical injury from falling or burning debris, explosions, defective vehicles and equipment, surrounding traffic, and the unpredictable conduct of third parties. I am further aware that other unanticipated and unexpected dangers may arise during the time I accompany one or more firefighters, agents, employees or representatives of the District when on duty. I do hereby voluntarily assume all risk of loss, damage or injury to me or my property, including death, which may be sustained while, or incidental to, accompanying one or more firefighters, agents, employees or representatives of the District while on duty.
2. **Covenant Not to Sue/Release.** I, the undersigned, am desirous of accompanying one or more of the firefighters, agents, employees or representatives of the District while performing duties for the District. The District has agreed to allow me to accompany one or more firefighters, agents, employees or representatives of the District while in the performance of duties for the District, upon the following terms and conditions, to which I voluntarily agree to be bound. I hereby voluntarily release the District, its officers, directors, firefighters, employees, agents and representatives from any and all liability, claims, demands, actions or causes of action whatsoever, which I may hereafter have, or claim to have, on account of any and all injuries, losses or damages to me or to my property, or on account of my death, arising out of or related to any happening or occurrence while I am accompanying any firefighter, agent, employee or representative of the District in the performance of duties or incidental thereto. I hereby release and covenant not to sue the District, and the firefighters, agents, employees, officers, directors and representatives of the District, and agree to forever hold each of them harmless from any liability, claims, demands, actions or causes of actions which may arise from, or in any manner relate to, my accompanying one or more firefighters, employees, agents or representatives of the District in the performance of duties for the District
3. **Scope.** The assumption of risk and covenant not to force and effect on the date set forth below. The terms of this Agreement are continuing, and shall also apply to any other occasion when I may hereafter accompany any firefighter, agent, employee or representative of the District in the performance of duties for the District.
4. **Certification of Voluntary Action.** I certify that my participation in accompanying the firefighters, agents, employees or representatives of the District is voluntary, and that I am not in any way the employee or agent of the Arvada Fire Protection District.

5. **Binding Effect.** This release and agreement shall be binding upon me and my heirs, executors, administrators, personal representatives and assigns, and shall insure to the benefit of the Arvada Fire Protection District, its officers, agents, employees, directors and representatives, assigns and successors in office.

6. **Date of Activity and type-** _____

I have read and understand this Notice of Dangerous Activity, Covenant Not to Sue and Release.

Dated this _____ Day of _____.

Name _____ Age _____ Date of Birth _____

Signature _____

Address _____ City _____ Zip _____

Telephone _____

Legal Guardian must sign if person is under 18 yrs of age-

Name _____ Signature _____

Address _____ City _____ Zip _____

Occupation _____ Telephone _____

AFPD Officer _____ Station _____ Date/Time _____