

APPLICANT INFORMATION

The completed form must be sent to the Department Chief 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.

Full Name:		Date of Birth:	
Home Address:		Phone Number:	
Place of Employment or School:		Gender (circle): Male Female	
Position/Title:	License Number and Issuing State:		
Place of Employment/School Address:		Business/School Phone Number:	
Organization(s) Represented:	Personal Email:		
What is your interest in participating in this program?			
Date you are requesting to "Ride-Along"		Time you wish to "Ride-Along"?	
Please answer the following by placing a 'Y' for yes, or an 'N' for no, in the box to the right of the question:			
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 or misdemeanor offense? If yes, 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 and SOP (Pages 4 and 5) for the Shelburne Rescue Ride-Along Program. The above information is true and accurate to the best of my knowledge.			
Signature of Applicant: _____ Printed Name: _____			
FOR DEPARTMENT USE ONLY		Please mail or email completed form to the Shelburne Rescue – Department Chief	
Approved: Yes No		Shelburne Rescue PO Box 254 Shelburne, VT 05482 Or shelburnerescue05482@gmail.com	
Chief Signature: _____		If you have any questions, please call 802-985-5125 or email (above).	
Comments: _____ _____			

**SHELBURNE RESCUE
WAIVER OF CIVIL LIABILITY
CITIZEN RIDE-ALONG/OBSERVATION PROGRAM**

In consideration of the Shelburne Rescue (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 Town of Shelburne, Vermont, 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

Shelburne 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 Rescue Chief 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 Rescue Chief or his/her designee.

As a participant in the Shelburne Rescue 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, VT Patient Privilege Statute 12 V.S.A. § 1612, Vermont Health Care Privacy Law 18 V.S.A. § 1881 and federal regulation 45 CFR 164.502 as amended.

_____	_____
Ride-Along Participant / Guardian Signature	Date

Printed Name of Ride-Along Participant	
_____	_____
Witness	Date

SHELBURNE RESCUE SOP on DEPARTMENT RIDE-ALONG / OBSERVATION

To establish a standard program for the Shelburne Rescue Department on topic of Citizen Ride-Along /Observation. The program is to provide the public and students the opportunity to observe activities of EMS services to gain a better understanding of the duties and responsibilities of EMS personnel.

STANDARD

It is the Duty Crew Chief in Charge / Attendant in Charge's responsibility to ensure that all non-department personnel have complied with the Department's Citizen Ride Along program requirements prior to riding on department apparatus. This includes the completion of request to ride along application, waiver of liability, and HIPPA participant agreement.

Non-department personnel are those individuals who are not affiliated with Shelburne Rescue. This requirement shall only be waived when non-department personnel accompany a patient during medical transport to the medical center / hospital. It is the responsibility of the Rescue Chief, or his/her designee, to approve all requests prior to non-department personnel riding on department apparatus. Individuals interested in riding-along on department apparatus who are under the age of 18 shall also obtain a parent or guardian signature on the waiver and must have an interest in Shelburne Rescue or have public service / agency affiliation (sponsor) to participate in the program. Examples include, but are not limited to, High Schools job shadowing, EMS class enrollment, work experience, or occupational training programs, etc.

Participants are to act strictly as observers, regardless of EMS certification level. Participants are allowed no patient contact, and are under complete direction and supervision of the Crew Chief on duty.

GUIDELINES

- Initial request for riding on department apparatus should be made in writing to the Department's Chief or his or her designate utilizing the Department Ride-Along application. Any request should be submitted at least five business days prior to the requested ride-along date.
- Upon approval by the Department Chief or his/ her designate, the individual will be required to read and sign the Ride Along Program HIPPA Participant Agreement and Waiver of Civil Liability forms for the period of time the individual will be riding.
- The original signed forms shall be maintained on file at Shelburne Rescue for a period of three years.

AUTHORITY AND RESPONSIBILITY

1. Ride-Along Hours / Standards

a. Ride-Along participants are limited to two ride-alongs in a 90-day period. This time limit may be waived for the purposes of student/provider preception. The Department has the authority to approve or deny any request for participation in this program, or alter such request in the best interest of the department. Students enrolled in an Emergency Medical Technician (EMT) class will be given special consideration.

b. With the exception of limited EMS preception, Ride-Along participants shall act as observers, that is, they must not become physically or verbally involved in an incident, unless directed to by a EMS provider. At the discretion of an EMS provider / EMS preceptor, EMS student ride-alongs may practice limited skills under direct observation. These skills shall correspond with the scope of practice and training guidelines associated with the student's education program. The supervising EMS provider shall be responsible for all care given by the EMS student.

c. Failure to follow the directions of the Crew Chief or Attendant in Charge (CC/AIC) will result in removal of the privilege to participate as a Ride-Along participant.

2. Dress and Appearance

a. Riders shall be neat and clean in appearance. Their personal hygiene and grooming must be acceptable. While participating in the Ride-Along Program, the Rider is, in effect, representing the Rescue Department.

b. Riders shall wear suitable attire. Dark pants (professional) and solid dark colored plain shirts are recommended (no jeans). No writing or artwork is allowed on clothing, except small brand logos are acceptable. Shorts and tank tops are prohibited. Riders must wear closed-toe sneakers/shoes, hiking shoes/boots or tactical boots (black boots strongly recommended). Ride-alongs from agencies outside of Shelburne may wear their agency uniform with prior approval. Student ride-alongs may wear their class uniforms with prior approval.

c. Riders shall wear an observer vest provided by the Department, or other appropriate badge provided by the media, school, or hospital, etc.

3. Other

a. No firearms or other weapons may be brought onto department property or carried during the ride along, unless the participant is currently a certified active Law Enforcement Officer in the state of Vermont

b. No alcoholic beverages or drugs of any kind (Except for Doctor Prescribed Medications) are to be consumed prior to the ride. The smell of alcoholic beverages or marijuana, etc., on the breath or clothing will prohibit you from current participation and future application in the program.

c. Use of tobacco products is not permitted in the Rescue Station or Apparatus.

d. Participants shall wear a seat belt in the ambulance as per State Law.

e. Participants shall carry a valid Vermont Driver's license or identification with them during the ride along.

f. At no time will observers be permitted to take pictures, use a video camera or any other audio-visual recording device while on the scene of an incident. Requests for media ride-alongs will be dealt with separately through the Rescue Chief.

g. Ride Along participants will treat PHI (private health information) as strictly confidential. Disclosure of PHI outside of the organization and crews who are working with the patient is strictly forbidden. No response documents or copies, on which individually identifiable information such as name, address, SSN, etc. shall be removed, disclosed, or transmitted off site.