

BOULDER RURAL FIRE PROTECTION DISTRICT

Ride-Along Program

The Department offers a program by which a citizen may be granted permission to ride along with the Fire Engine or Ambulance from 9:00 am until 5:00 pm.

The following conditions must be met before permission will be granted:

1. Applicant must submit an application form. This includes an agreement to follow the rules (attached) and orders while participating in the Ride-Along.
2. Applicant must submit a **notarized** waiver of liability.
3. Applicant must submit a copy of a valid identification as proof of meeting the minimum age requirement.

You may not ride until the application has been fully completed and accepted in writing by a Boulder Rural Fire Officer. If approval is received, you may submit a list of dates and times when you are available to ride. There is no guarantee that a specific date or time will be available.

Ride-Along candidates should be neat and professional in appearance, without excessive jewelry. Required attire is navy pants and a navy polo with no logos. The Officer of the day reserves the right to accept or refuse a rider based on seat availability, daily responsibility, and appearance.

BOULDER RURAL FIRE PROTECTION DISTRICT

Ride-Along Rules

We welcome your participation in our Ride-Along program and hope you find it a safe, enjoyable, and educational experience. To participate in the Ride-Along Program, you must read, understand, and, at all times, comply with the following rules:

1. Ride-Alongs on the Fire Engine or Ambulance are only permitted from 9:00 am until 5:00 pm.
2. Wear a clean navy polo shirt and navy pants (logos, corduroy, denim, shorts, or T-shirts are prohibited). The shirt must be free of all designs and patterns. Individuals arriving inappropriately dressed will not be allowed to ride.
3. Black boots or shoes (socks are required). No sandals or open-heel or open-toe shoes are allowed.
4. Good personal hygiene is required (no heavy perfumes, colognes, etc.). No visible body piercing jewelry (except earrings) (dangling earrings should not be worn for safety reasons) or visible body art (tattoos) of offensive or controversial nature are allowed.
5. While on any scene, stay inside the apparatus until you are instructed that you may exit the vehicle. If you are allowed to exit the vehicle, always remain with the fire department member (your facilitator).
6. If the Incident Commander, another Officer, or the Facilitator instructs you to wait in a specific area, follow that order immediately.
7. You are not allowed into any area considered hazardous, such as:
 - The roadway near a motor vehicle accident:
 - Any area with a sounding fire or other gas alarm:
 - Any area with live fire:
 - Any area which may be contaminated by hazardous materials.
8. Because you are not allowed into a hazardous area, and our responders must sometimes enter these areas, you may be asked to exit the vehicle at a safe place before responding or while en route to a scene. We will err on the side of your safety.

If you become uncomfortable with a scene at any time, please inform your Facilitator immediately. They will help remove you as quickly as possible. Understand that a delay may occur while the Facilitator is treating a patient or helping to mitigate an emergency.

I have read the foregoing rules and always agree to follow them while participating in the Ride-Along Program. I understand that failure to abide by any rule may result in immediate termination of the ride and that I may be required to vacate the vehicle at any time.

NOTICE

You must be at least 17 years old to participate in the Ride-Along Program. If you are less than 18 years old, a parent or guardian also must sign these Ride-Along Program Rules.

Signature

Date

Signature

Date

BOULDER RURAL FIRE PROTECTION DISTRICT

Ride-Along Application

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Driver's License # and State: _____

Emergency Contact: _____
Name Phone Number

Please list any allergies, or medical conditions you would like to disclose in case of a personal emergency.

I have read the attached rules and agree to follow them at all times during my participation in this program. I understand that failure to abide by any rules may result in immediate termination of the ride.

Signature

Date

BRFD Officer Signature

Date

Approval Checklist:

Preference to Ride:

| | | | |
|----------------------------------|--|-------------|--|
| Completed Application | | Fire Engine | |
| Notarized Waiver | | Ambulance | |
| Copy of Driver's License | | | |
| Confidentiality/Non-Disclosure | | | |
| Agreement & Release of Liability | | | |

BOULDER RURAL FIRE PROTECTION DISTRICT

Confidentiality/Non-Disclosure Agreement & Release of Liability

I understand the Boulder Rural Fire Protection District ("District") provides private and confidential services to patients and that I am a crucial step in respecting the privacy rights of these patients. I understand it is necessary, in the rendering of District services, that patients provide personal protected health information ("PHI") and that such information may exist in a variety of forms, including electronic, oral, written, or photographic formats, and that all such PHI is strictly confidential and protected from improper use and disclosure by federal and state laws.

I agree to comply with the District's confidentiality and security policies and procedures. I understand that while riding on any District Engine or Ambulance (collectively "District Vehicle") or accompanying District personnel on emergency responses or other District matters, I may receive, come in contact with, observe, hear, or otherwise learn the confidential PHI of one or more individuals. I understand that I am prohibited from disclosing an individual's PHI by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Public Law 104-191, and the Privacy Rule promulgated by the U.S. Department of Health and Human Services, 45 C.F.R 160 and 164. I have received a copy of the District's HIPAA Privacy Policy and agree to adhere to its provisions. If at any time I knowingly or inadvertently breach patient confidentiality or security policies and procedures, I agree to notify the District's Privacy Officer or their designee as soon as reasonably possible. I also understand that I may be exposed to other confidential or proprietary information about the District. I agree not to reveal any of that information to anyone at any time.

In consideration for being permitted to ride on a District Vehicle and to accompany District personnel on emergency responses or other District matters, I, individually and on behalf of my family members, heirs, and assigns, hereby release, waive, and discharge the District and its current and former directors, officers, employees, volunteers, agents and representatives from any and all liability, causes of action under any theory of law, claims and demands, damages, costs, expenses and compensation, arising from or relating to any injury or damages to person or property incurred as a result of riding on a District Vehicle or accompanying District personnel on emergency responses or other District matters.

NOTICE OF INHERENTLY DANGEROUS ACTIVITY

RIDING ON ANY DISTRICT VEHICLE AND/OR ACCOMPANYING DISTRICT PERSONNEL DURING AN EMERGENCY RESPONSE OR OTHER DISTRICT MATTERS IS INHERENTLY DANGEROUS AND MAY RESULT IN SEVERE PERMANENT INJURY OR DEATH, AND CAN RESULT IN EXPOSURE TO HAZARDOUS SITUATIONS, INCLUDING BUT NOT LIMITED TO, FORMS OF PHYSICAL VIOLENCE, EXPLOSIONS, HAZARDOUS MATERIALS EXPOSURE, FALLS, DOG BITES, MOTOR VEHICLE ACCIDENTS AND INFECTIOUS DISEASES.

I, individually and on behalf of my family members, heirs or assigns, having read and thoroughly understood the above NOTICE OF INHERENTLY DANGEROUS ACTIVITY, acknowledge that riding on a District Vehicle or accompanying District personnel on emergency responses or other District matters is inherently dangerous, and can result in severe permanent injury or death, and can cause exposure to hazardous situations, including but not limited to, forms of physical violence, explosions, hazardous materials exposure, falls, dog bites, motor vehicle accidents, and infectious diseases, and I hereby knowingly assume any and all risks associated with or arising from riding on a District Vehicle or accompanying District personnel on emergency responses or other District matters.

I understand that the District's insurance does not cover any aspect of my riding on a District Vehicle or accompanying District personnel on emergency responses or other District matters. I expressly assume all responsibility for securing appropriate insurance coverage.

NOTICE

You must be at least 17 years old to sign this Confidentiality/Non-Disclosure Agreement & Release of Liability. If you are less than 18 years old, a parent or guardian also must sign this document.

Signature

Date

Signature

Date

