

**RIDE-ALONG PROGRAM  
APPLICATION FORM**

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Reason for participating in this program: \_\_\_\_\_

REQUESTED RIDE DATE: (Allow 2 weeks for scheduling) \_\_\_\_\_

REQUESTED STATION/COMPANY: (If any) \_\_\_\_\_

REQUESTED TIME: 9 HR. SHIFT (0800 TO 1700) \_\_\_\_\_

**RIDER'S RESPONSIBILITIES:**

1. Dress Code: Acceptable clothing for civilian riders is: Dark slacks and white or dark colored button down shirt or polo style shirt. No t-shirts are allowed and no clothing with printed designs and wording. Jewelry will be limited to stud earrings and wedding bands only. Makeup should be minimal and long hair tied up or back.  
Riders sponsored by another agency may wear that agencies uniform (students wear school required uniform or clothing). If an agency uniform or school required clothing falls outside of the norm of this standard, this standard will apply.
2. Rider will obey the instructions given by Greeley Fire Department ("GFD") personnel.
3. Rider will not interfere with or assist any member of the GFD in the performance of their duties unless otherwise directed.
4. Rider will appear at the assigned station at 0800 (8:00 A.M.)
5. Rider will submit signed application, waiver form, and criminal background check prior to ride being scheduled. Criminal background check shall be a maximum of six months old.
6. Rider understands that the ride may be terminated at any time for non-compliance with the rules and regulations of the ride-along program.

I read, understood and completed this application form and declare it to be truthful. I have read the Rider's Responsibilities and agree to abide by them. I certify that I am at least 18 years old. Alternatively, I certify that I am at least 16 years old and also enrolled in the Aims/School District 6 Fire Science Concurrent Enrollment High School Program.

Applicant: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

*For students age 16-18 years old*

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APPROVED: \_\_\_\_\_ STATION/COMPANY ASSIGNED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_ TIME: \_\_\_\_\_

REMARKS: \_\_\_\_\_

FIRE CHIEF OR F.D. REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RIDE ALONG PROGRAM WAIVER AND LIABILITY RELEASE**

A107.05b (Adult)

I, \_\_\_\_\_ residing at (Address) \_\_\_\_\_, County of Weld, State of Colorado, do hereby request to participate in the Greeley Fire Department (“GFD”) Ride Along Program (“Program”), for educational purposes.

I realize the activities of GFD can be hazardous in nature. I acknowledge it is impossible for GFD to guarantee absolute safety. I acknowledge the firefighters may be engaged in the operation of a motor vehicle, firefighting and providing emergency medical services. I acknowledge that I may be exposed to danger and risk of harm. I understand risks during the Program include but are not limited to loss or damage to personal property, bodily injury, psychological injury, permanent disability, death, exposure to inclement weather, slipping, falling, being struck by objects or debris, burns, and severe social or economic loss that may result from any such incident. I further understand that there may be other risks not known to me or not reasonably foreseeable at this time. I agree to abide by the instructions and commands given to me by the firefighter I am assigned to. I will not interfere with or assist any member of the Greeley Fire Department in the performance of their duties unless otherwise directed. I understand that while participating in this Program, I am an unofficial representative of the Greeley Fire Department and will be held accountable for my actions. I will be responsible for the protective equipment issued to me. I understand that my participation in the Program can be terminated at any time for failing to follow these conditions. I assume the foregoing risks and accept personal responsibility for damages due to such loss including any injury, permanent disability, or death.

In consideration for GFD allowing me to participate in the Program, I \_\_\_\_\_ (Name) on behalf of myself, my heirs, executors, administrators, agents and assigns, **VOLUNTARILY AND KNOWINGLY RELEASE AND FOREVER DISCHARGE THE CITY OF GREELEY AND GFD FROM ALL LIABILITY, INCLUDING BUT NOT LIMITED TO ANY ACT OF NEGLIGENCE OR OTHERWISE, OF EVERY NATURE AND IN CONJUNCTION WITH PROGRAM ACTIVITIES. I WAIVE ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, CAUSES OF ACTION OR SUITS OF ANY KIND OR NATURE** against the City of Greeley, GFD, and their employees, successors, assigns, agents and all others who may be liable, present and future, known or unknown, resulting from or caused by the Program including the results of any decision made in connection with my care and treatment arising out of my participation in the Program. In the event any action is brought against the City of Greeley, GFD, or their employees, successors, assigns, agents and all others, collectively or individually, pursuant to any claims released herein, I agree that presentation of this Waiver and Liability Release constitutes a complete and affirmative defense to said claim; and further, I agree that a court of competent jurisdiction shall dismiss said claim with prejudice.

I represent that I have no limiting medical conditions and I am fully capable of participating in the Program.

I hereby give permission to GFD, its employees, agents, successors, assigns, agents and all others, to act in my place, in the event that I should require medical attention while involved in the Program. This permission is for the purpose of securing benefits for my health and welfare, and expressly permits GFD to sign releases to physicians who may render emergency medical care and services. I hereby agree to assume all liability for payment of all such professional services, and, if necessary, to reimburse GFD for any expense that may be incurred for my treatment, care, drugs, and other services.

I agree that if my behavior at any time is such that it endangers the welfare of others, GFD may immediately terminate my participation and refuse to allow me further participation in the Program.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GREELEY FIRE DEPARTMENT RIDE ALONG PERMIT**

1100 10th Street Suite 100, Greeley, CO 80631

Date Ride Along Requested:			
Tentative Hours Requested:	From:	(AM)(PM)	To: (AM)(PM)
Participant Name: Last:	First:	MI:	Date of Birth:
Address:			
Phone:		Occupation:	
Participant Signature:		Date:	Time:
BC Approval:			

03/15 (R)

**RIDE ALONG PROGRAM WAIVER AND LIABILITY RELEASE**

A107.05c (Minor)

I, \_\_\_\_\_ (“Parent/Guardian 1”) and \_\_\_\_\_ (“Parent/Guardian 2”), as parent or legal guardian of \_\_\_\_\_ (“Participant”), residing at \_\_\_\_\_ (Address), County of Weld, State of Colorado, authorize the same to participate in the Greeley Fire Department (“GFD”) Ride Along Program (“Program”), for educational purposes.

On behalf of myself and Participant, we realize the activities of GFD can be hazardous in nature. We acknowledge it is impossible for GFD to guarantee absolute safety. We acknowledge the firefighters may be engaged in the operation of a motor vehicle, firefighting and providing emergency medical services. We acknowledge that Participant may be exposed to danger and risk of harm. We understand risks during the Program include but are not limited to loss or damage to personal property, bodily injury, psychological injury, permanent disability, death, exposure to inclement weather, slipping, falling, being struck by objects or debris, burns, and severe social or economic loss that may result from any such incident. We further understand that there may be other risks not known or not reasonably foreseeable at this time. We acknowledge that Participant has been provided additional information identifying Participant’s responsibilities. We have reviewed that information. Participant agrees to abide by the instructions and commands given by the assigned firefighter. Participant will not interfere with or assist any member of the Greeley Fire Department in the performance of their duties. We understand that while participating in this Program, Participant is an unofficial representative of the Greeley Fire Department and will be held accountable for Participant’s actions. We acknowledge we are responsible for the protective equipment issued to Participant. We understand that participation in the Program can be terminated at any time for failing to follow Program conditions. We voluntarily assume the foregoing risks and accept personal responsibility for damages due to such loss including but not limited to any injury, permanent disability, or death.

In consideration for GFD allowing \_\_\_\_\_ (Name) to participate in the Program, and on behalf of the minor child and myself, **WE VOLUNTARILY AND KNOWINGLY RELEASE AND FOREVER DISCHARGE THE CITY OF GREELEY AND GFD FROM ALL LIABILITY, INCLUDING BUT NOT LIMITED TO ANY ACT OF NEGLIGENCE OR OTHERWISE, OF EVERY NATURE AND IN CONJUNCTION WITH PROGRAM ACTIVITIES. ON BEHALF OF MYSELF AND PARTICIPANT, WE WAIVE ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, CAUSES OF ACTION OR SUITS OF ANY KIND OR NATURE** against the City of Greeley, GFD, and their employees, successors, assigns, agents and all others who may be liable, present and future, known or unknown, resulting from or caused by the Program including the results of any decision made in connection with Participant’s care and treatment arising out of participation in the Program. In the event any action is brought against the City of Greeley, GFD, or their employees, successors, assigns, agents and all others, collectively or individually, pursuant to any claims released herein, we agree that presentation of this Waiver and Liability Release constitutes a complete and affirmative defense to said claim; and further, we agree that a court of competent jurisdiction shall dismiss said claim with prejudice.

We represent that Participant has no limiting medical conditions and is fully capable of participating in the Program.

We hereby give permission to GFD, its employees, agents, successors, assigns, agents and all others, to act in my place, in the event that Participant should require medical attention while involved in the Program. This permission is for the purpose of securing benefits for my health and welfare, and expressly permits GFD to sign releases to physicians who may render emergency medical care and services. We agree to assume all liability for payment of all such professional services, and, if necessary, to reimburse GFD for any expense that may be incurred for my treatment, care, drugs, and other services.

We agree that if Participant’s behavior at any time is such that it endangers the welfare of others, GFD may immediately terminate participation and refuse to allow further participation in the Program.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GREELEY FIRE DEPARTMENT RIDE ALONG PERMIT**

1100 10th Street Suite 100, Greeley, CO 80631

Date Ride Along Requested:			
Tentative Hours Requested: From:		(AM)(PM)	To: (AM)(PM)
Participant Name: Last:	First:	MI:	Date of Birth:
Address:			
Phone:		Occupation:	
Participant Signature:		Date:	Time:
Parent/Guardian 1 Signature:		Date:	Time:
Parent/Guardian 2 Signature:			
BC Approval:			

03/15 (R)

**PARENT/GUARDIAN WAIVER AND LIABILITY RELEASE**

A107.05d

I, \_\_\_\_\_ residing at (Address) \_\_\_\_\_, County

of Weld, State of Colorado, am the legal parent or guardian of \_\_\_\_\_, a minor child who voluntarily wishes you participate in the RIDE ALONG PROGRAM (“Program”). I have reviewed and am familiar with the RIDE ALONG PROGRAM WAIVER AND LIABILITY RELEASE. I have reviewed and am aware of the risks associated with the program, both known and unknown, including but not limited to bodily injury, permanent disability, or death.

In consideration for the Greeley Fire Department (“GFD”) allowing the participation of the minor child for whom I am the legal parent or guardian in the Program, **I VOLUNTARILY AND KNOWINGLY RELEASE AND FOREVER DISCHARGE THE CITY OF GREELEY AND GFD FROM ALL LIABILITY, INCLUDING BUT NOT LIMITED TO ANY ACT OF NEGLIGENCE OR OTHERWISE, OF EVERY NATURE** and in conjunction with Program activities. I waive all claims, demands, damages, actions, causes of action, or suits of any kind or nature against the City of Greeley, GFD, and their employees, successors, assigns, agents and all others who may be liable, present and future, known or unknown, resulting from or caused by the Program.

I further represent that I have the lawful authority to enter into this Waiver and Liability Release. I agree to defend and indemnify the City of Greeley, GFD, their employees, successors, assigns, agents and all others, collectively or individually, in any action brought by any other parent or guardian of the minor child, and against all claims, demands, damages, actions, causes of action, or suits of any kind or nature, and all expenses, including attorney fees, associated with any such action.

In the event any action is brought against the City of Greeley, GFD, their employees, successors, assigns, agents and all others, collectively or individually, pursuant to any claims released herein, I agree that presentation of this Waiver and Liability Release constitutes a complete and affirmative defense to said claim; and further, I agree that a court of competent jurisdiction shall dismiss said claim with prejudice.

<b>GREELEY FIRE DEPARTMENT RIDE ALONG PROGRAM</b>			
Name: Last:	First:	MI:	Date of Birth:
Address:			
Phone:		Occupation:	
Signature:		Date:	Time:

**BACKGROUND CHECK PROVIDERS**

Background screening may be obtained from several sources. Any cost associated by the screening process is the responsibility of the applicant. The following list is being provided as information only, is not all inclusive, and is not a recommendation of any of these services.

American Databank Group  
910 16<sup>th</sup> Street, Suite 550  
Denver, Colorado 80202  
(303) 573-1130  
[www.americandatabank.com](http://www.americandatabank.com)

Colorado Bureau of Investigation  
690 Kipling Street, Suite 3000  
Denver, Colorado 80215  
(303) 239-4208  
[www.cbi.state.co.us/id](http://www.cbi.state.co.us/id)

Intermountain Backgrounds, Inc.  
911 28<sup>th</sup> Avenue  
Greeley, Colorado 80634  
(970) 356-1925

Premier Employment Screening Services of Fort Collins  
113 South College Avenue  
Fort Collins, Colorado 80524  
(970) 491-9655

<p><b>PUBLIC EDUCATION &amp; INFORMATION</b></p> <p><b>Ride-Along Program</b></p>	<p><b>GREELEY FIRE DEPARTMENT</b></p> <p><b>ADMINISTRATIVE REGULATIONS</b></p> <p>A107.05f 03/15 (R) Page 1 of 1</p>
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## Privacy and Security Rules - HIPAA

This informational sheet is distributed to you as a candidate for the Ride-along Program at Greeley Fire Department. This information outlines the Health Insurance Portability and Accountability Act (HIPAA) that was implemented to assure health insurance coverage was available upon leaving a job. In addition, an administrative section was added to HIPAA to standardize electronic medical claims allowing medical professionals to bill for the services electronically. If you are a student participating in a recognized EMS/Fire program you will receive more in depth instruction of HIPAA and confidentiality in your course.

HIPPA also includes Privacy and Security Rules that makes sure that medical information is protected and personal health information is kept confidential. By your reading and signing this acknowledgement, you are agreeing that all information that is heard during your ride-along and during any patient contact is held in the strictest of confidentiality. Any documentation of calls you participated in while riding along with GFD may not contain any PHI (Private Health Information) which includes: Name, address, or social security number. We (Greeley Fire Department) are required by law to make sure:

1. Any health information that identifies a patient is kept private.
2. Information gained during the treatment and care of our patients/citizens is only released to those directly involved in their care.
3. We comply with federal, state and local law enforcement agencies in releasing information that may be pertinent if an injury has occurred that was the result of a criminal act, child abuse, neglect, domestic violence or to avert a serious threat to health and safety.

Agencies that bill for their direct services must provide a notice of privacy practices to their patients/citizens as it relates to their rights to privacy and security under HIPAA regulations. As Greeley Fire Department does not transport nor bill for their services, such notice of privacy does not apply. If you have any further questions about this informational sheet, please contact Privacy Officer at (970) 350-9852.

I understand and agree to comply with the Privacy and Security Rules as outlined in this document.

\_\_\_\_\_  
Signature of Ride-Along Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative of Greeley Fire Department

\_\_\_\_\_  
Date