PUBLIC EDUCATION & INFORMATION

Ride-Along Program

GREELEY FIRE DEPARTMENT

ADMINISTRATIVE REGULATIONS

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RIDE-ALONG PROGRAM APPLICATION FORM

NAME HOME PHONE		
ADDRESS	WORK PHONE	
OCCUPATION	DATE OF BIRTH	
Reason for participating in this pro-	ogram:	
REQUESTED RIDE DATE: (All	low 2 weeks for scheduling)	
REQUESTED STATION/COMP.	ANY: (If any)	
REQUESTED TIME: 9 HR. SHI	FT (0800 TO 1700)	
down shirt or polo style sl wording. Jewelry will be minimal and long hair tied Riders sponsored by anoth required uniform or clothi norm of this standard, this 2. Rider will obey the instru 3. Rider will not interfere wi unless otherwise directed. 4. Rider will appear at the as 5. Rider will submit signed a scheduled. Criminal back 6. Rider understands that the regulations of the ride-alo	ther agency may wear that agencies uniform (students wear school ing). If an agency uniform or school required clothing falls outside of the standard will apply. Cotions given by Greeley Fire Department ("GFD") personnel. Athor assist any member of the GFD in the performance of their duties assigned station at 0800 (8:00 A.M.) Application, waiver form, and criminal background check prior to ride being aground check shall be a maximum of six months old. The ride may be terminated at any time for non-compliance with the rules and any program.	
Responsibilities and agree to abid	this application form and declare it to be truthful. I have read the Rider's e by them. I certify that I am at least18 years old. Alternatively, I certify that enrolled in the Aims/School District 6 Fire Science Concurrent Enrollment	
Applicant:		
Parent/Guardian: For students age 16-18 years old		
********	******************	
APPROVED:	STATION/COMPANY ASSIGNED:	
DISAPPROVED:	TIME:	
REMARKS:		
FIRE CHIEF OR F.D. REPRESENT		

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 l	Fire Department ("GFD") Ride Along Program
("Program"), for educational purposes.	, , ,
I realize the activities of GFD can be hazardous in nature. I acknowledge safety. I acknowledge the firefighters may be engaged in the operation emergency medical services. I acknowledge that I may be exposed to dar the Program include but are not limited to loss or damage to personal permanent disability, death, exposure to inclement weather, slipping, far and severe social or economic loss that may result from any such incidentisks not known to me or not reasonably foreseeable at this time. I agregiven to me by the firefighter I am assigned to. I will not interfere we Department in the performance of their duties unless otherwise directed Program, I am an unofficial representative of the Greeley Fire Department I will be responsible for the protective equipment issued to me. I under the terminated at any time for failing to follow these conditions. I as a responsibility for damages due to such loss including any injury, permanent.	of a motor vehicle, firefighting and providing ager and risk of harm. I understand risks during property, bodily injury, psychological injury, lling, being struck by objects or debris, burns, at. I further understand that there may be other see to abide by the instructions and commands with or assist any member of the Greeley Fire d. I understand that while participating in this at and will be held accountable for my actions. Stand that my participation in the Program can sume the foregoing risks and accept personal
In a satisfaction for CED allowing one to posticionts in the Dansey I	(Nama) an
In consideration for GFD allowing me to participate in the Program, I_behalf of myself, my heirs, executors, administrators, agents and assign	(Name) on
RELEASE AND FOREVER DISCHARGE THE CITY OF GREE	
INCLUDING BUT NOT LIMITED TO ANY ACT OF NEGLI	
NATURE AND IN CONJUNCTION WITH PROGRAM ACTIVITY	
DAMAGES, ACTIONS, CAUSES OF ACTION OR SUITS OF A	
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	
with my care and treatment arising out of my participation in the Program	
City of Greeley, GFD, or their employees, successors, assigns, agent pursuant to any claims released herein, I agree that presentation of th	
complete and affirmative defense to said claim; and further, I agree that	
said claim with prejudice.	a court of competent jurisdiction shall dishinss
suid claim with projudice.	
I represent that I have no limiting medical conditions and I am fully capal	ble of participating in the Program.
I hereby give permission to GFD, its employees, agents, successors, assig	ons agents and all others to act in my place in
the event that I should require medical attention while involved in the P	
securing benefits for my health and welfare, and expressly permits GFD	
emergency medical care and services. I hereby agree to assume all	
services, and, if necessary, to reimburse GFD for any expense that may	
other services.	
I agree that if my behavior at any time is such that it endangers the welf	
my participation and refuse to allow me further participation in the Progra	am.
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: (A	AM)(PM)	То:	(.	AM)(PM)
Participant Name: Last:	First:	MI:		Date of B	irth:
Address:					
Phone:			Occupation:		
Participant Signature:			Date:		Time:
BC Approval:					

03/15 (R)

RIDE ALONG PROGRAM WAIVER AND LIABILITY RELEASE

A10/.USC	
	rdian 1") and ("Participant"), residing at
(Address), County participate in the Greeley Fire Department ("GFD") Ride Alc	of Weld, State of Colorado, authorize the same to
On behalf of myself and Participant, we realize the activities impossible for GFD to guarantee absolute safety. We acknow motor vehicle, firefighting and providing emergency med exposed to danger and risk of harm. We understand risks damage to personal property, bodily injury, psychological is weather, slipping, falling, being struck by objects or debris, from any such incident. We further understand that there may this time. We acknowledge that Participant has been presponsibilities. We have reviewed that information. Participate by the assigned firefighter. Participant will not interfere with the performance of their duties. We understand that while representative of the Greeley Fire Department and will be he we are responsible for the protective equipment issued to Pacan be terminated at any time for failing to follow Program accept personal responsibility for damages due to such loss in	of GFD can be hazardous in nature. We acknowledge it is veledge the firefighters may be engaged in the operation of a dical services. We acknowledge that Participant may be during the Program include but are not limited to loss or injury, permanent disability, death, exposure to inclement burns, and severe social or economic loss that may result be other risks not known or not reasonably foreseeable at rovided additional information identifying Participant's ant agrees to abide by the instructions and commands given the or assist any member of the Greeley Fire Department in participating in this Program, Participant is an unofficial eld accountable for Participant's actions. We acknowledge rticipant. We understand that participation in the Program conditions. We voluntarily assume the foregoing risks and
or death.	
In consideration for GFD allowing	LY AND KNOWINGLY RELEASE AND FOREVER FROM ALL LIABILITY, INCLUDING BUT NOT OTHERWISE, OF EVERY NATURE AND IN NEHALF OF MYSELF AND PARTICIPANT, WE TIONS, CAUSES OF ACTION OR SUITS OF ANY their employees, successors, assigns, agents and all others are resulting from or caused by the Program including the att's care and treatment arising out of participation in the of Greeley, GFD, or their employees, successors, assigns, any claims released herein, we agree that presentation of daffirmative defense to said claim; and further, we agree with prejudice. The program of the Program. This permission is for the expressly permits GFD to sign releases to physicians who to assume all liability for payment of all such professional
We agree that if Participant's behavior at any time is such that terminate participation and refuse to allow further participation	
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	om: (AM)(I	PM)	To:	(AM)(PM)	
Participant Name: Last:	First:	MI:		Date of Birth:	
Address:		ı		1	
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 (Ac	ldress)		, County
familiar with the RIDE ALC	ONG PROGRAM WAIVER And the program, both known	AND LIA	BILITY RELEASE.	, a minor child m"). I have reviewed and am I have reviewed and am aware t not limited to bodily injury,
the legal parent or guardian DISCHARGE THE CITY LIMITED TO ANY ACT Program activities. I waive against the City of Greeley,	in the Program, I VOLUNTA OF GREELEY AND GI OF NEGLIGENCE OR OT all claims, demands, damag	ARILY A TO FRO HERWIS es, action successor	AND KNOWINGLY M ALL LIABILIT SE, OF EVERY NA is, causes of action, s, assigns, agents and	the minor child for whom I am RELEASE AND FOREVER TY, INCLUDING BUT NOT TURE and in conjunction with or suits of any kind or nature d all others who may be liable.
indemnify the City of Gre individually, in any action b	eley, GFD, their employees, rought by any other parent or	successor guardian	ors, assigns, agents of the minor child, a	Release. I agree to defend and and all others, collectively or and against all claims, demands, luding attorney fees, associated
others, collectively or indivi Liability Release constitutes	dually, pursuant to any claim	s released defense	l herein, I agree that	ccessors, assigns, agents and all presentation of this Waiver and further, I agree that a court of
G	REELEY FIRE DEPARTM	ENT RII	DE ALONG PROGI	RAM
Name: Last:	First:	MI:		Date of Birth:
Address:				
Phone:			Occupation:	

Date:

Time:

Signature:

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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.

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

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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.

HIPAA 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.
Print Name:	Signature of Ride-Along App	licant Date
Representative of Greelev	Fire Department De	ate