

**COUNTY OF FAUQUIER  
DEPARTMENT OF FIRE & EMERGENCY SERVICES  
AND  
FAUQUIER FIRE & RESCUE ASSOCIATION**

**RIDE-ALONG PROGRAM**

**APPLICATION**

This application must be completed by individuals requesting to participate in Department of Fire and Emergency Services/Fauquier Fire & Rescue Association Ride-Along Program. If the applicant is under 18 years of age, a parent or guardian must co-sign this application indicating they have read, understand and agree with the conditions placed on your participation in this program. If the applicant is under 18 years of age, a waiver (attached) must also be executed by the parents or guardian. If the applicant is 18 years of age or older, he/she must sign the waiver attached to this application. No application will be processed unless the “Waiver of Civil Liability and Indemnification Agreement” form has been executed. Once the application has been processed the applicant will be contacted by telephone prior to the requested ride-along date and informed if the application was approved. All telephone notifications will be made to the telephone number indicated for weekdays during the hours of 9:00 a.m. to 5:00 p.m. This program is voluntary and conducted in the interest of public enlightenment. The Fauquier Department of Fire & Emergency Services and the Fauquier County Fire & Rescue Association reserve the right to limit or exclude any person from participation in this program when it is deemed by the Fauquier County Department of Fire & Emergency Services or the Fauquier County Fire & Rescue Association that the person’s participation would not be in the best interest of the Department, any of its individual members, or the public; or when it might reasonably be construed that a conflict of interest may exist or come to exist between the applicant and the Department or its mission.

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Are you a member of a civic association or business employee? \_\_\_\_\_ If yes, give name and position in organization: \_\_\_\_\_

Reason you request to ride: \_\_\_\_\_

Date you request to ride: \_\_\_\_\_ Hours of ride: \_\_\_\_\_

Position requested: \_\_\_\_\_

Have you previously ridden with this department? No \_\_\_\_\_ Yes \_\_\_\_\_

Number of times: \_\_\_\_\_

Have you previously been refused participation in this program: Yes \_\_\_\_\_ No \_\_\_\_\_

Approximate date of refusal: \_\_\_\_\_

Reason for refusal: \_\_\_\_\_

In the event of an emergency, the following person(s) may be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

I affirm that the information provided in this application is true and correct to the best of my knowledge and belief:

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

Signature of parent or guardian: \_\_\_\_\_

(Persons under age 18)

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**COUNTY OF FAUQUIER  
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AND  
FAUQUIER FIRE & RESCUE ASSOCIATION**

**RIDE-ALONG PROGRAM**

**WAIVER OF CIVIL LIABILITY & INDEMNIFICATION AGREEMENT**

DATE: \_\_\_\_\_

In consideration of the County of Fauquier, the Fauquier County Department of Fire & Emergency Services and the Fauquier County Fire & Rescue Association (hereinafter “Department”) granting me permission to accompany a member of the Department as a participant in the Ride-Along Program, I hereby waive any and all risks and liability for damages, losses, personal injuries or death which I might suffer, sustain or cause while participating in the Ride-Along Program. I further waive any and all claims, demands, actions, damages, or suits at law or equity of whatever nature which I have or may hereafter acquire against the County of Fauquier, the Department, and its or their elected officials, officers, agents or employees, as a result of my voluntary participation in the Ride-Along Program; and I hereby hold harmless such persons and entities. In the event that a demand or claim, whether groundless or otherwise, is made against the entities and or persons set forth herein, I agree to indemnify those persons and/or entities for all damages, attorney fees and costs incurred in defending said demand or claim.

I further agree to comply with all rules and regulations of the Ride-Along Program and any instructions or orders issued by members of the Department in connection with the Ride-Along Program. I certify that I am aware of the potential risk involved in accompanying an employee during the performance of his/her duties.

I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State & Zip)

COMMONWEALTH OF VIRGINIA  
COUNTY OF FAUQUIER, to-wit:

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_, 20\_\_\_\_

**IF REQUESTED IS UNDER 18 YEARS OF AGE, THE INFORMATION BELOW IS REQUIRED:**

I am the parent or guardian of \_\_\_\_\_ who is requesting to participate in the Ride-Along Program of the County of Fauquier Department of Fire & Emergency Services and the Fauquier County Fire & Rescue Association, Inc. I hereby give my permission for \_\_\_\_\_ to participate in the Ride-Along Program and agree to all of the terms set forth above.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

COMMONWEALTH OF VIRGINIA  
COUNTY OF FAUQUIER, to-wit:

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_ , 20\_\_\_\_\_.

**THIS WAIVER MUST BE IN THE HANDS OF THE EMERGENCY SERVICES COORDINATOR OR HIS DESIGNEE BEFORE THE ABOVE NAMED PERSON WILL BE ALLOWED TO PARTICIPATE IN THE RIDE-ALONG PROGRAM.**

**COUNTY OF FAUQUIER  
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**RIDE-ALONG AGREEMENT**

I, \_\_\_\_\_, having been granted permission from the County of Fauquier Department of Fire & Emergency Services and/or the Fauquier County Fire & Rescue Association to participate in a Ride-Along Program on (date/time) \_\_\_\_\_ which would allow me to be present on Department premises or on Department equipment/vehicles, agree to meet and/or maintain the following qualifications/ standards of conduct:

1. Be a minimum of 18 years of age;
2. Be clean and neat in appearance;
3. Be of sound physical and mental condition; possessing no physical or other conditions which will interfere with or limit my participating in the program; capable of performing assigned duties;
4. Have never been convicted of a felony;
5. Not be under the influence of any illicit drugs, medication or any other intoxicating substances that may impair the individual's ability to participate under the terms of this agreement;
6. All Ride-Along personnel shall comply with all Rules and Regulations governing the operations of the Department of Fire & Emergency Services and the Fauquier County Fire & Rescue Association and its member companies;
7. All Ride-Along personnel shall comply with all federal, state, and/or local laws applicable to the Department's operations;
8. EMS personnel shall provide patient care only at the level for which they are certified within the scope of the EMS agency with which they are affiliated, or

under the guidance of Department personnel when participating in an approved intern program;

9. Medical and criminal information concerning any individual is confidential and shall not be shared or disclosed except for continuing medical care or for investigations by the Department of Fire & Emergency Services, the Department of Health, or other appropriate enforcement/ investigative agencies;
10. EMS Ride-Along personnel shall not represent themselves as qualified to perform a level of care for which they are not currently certified;
11. EMS Ride-Along personnel shall not leave a patient without assuring that an equal or higher level of care is provided.

I certify that I have read this agreement and understand the nature of this agreement, its implications, risks and possible hazards. I, by my signature, hereby certify that I am in compliance with these qualifications/standards of conduct of the County of Fauquier Department of Fire & Emergency Services and the Fauquier County Fire & Rescue Association. I understand that this agreement is in effect during the entire period of the Ride-Along assignment.

_____	_____
<b>Signature of Participant</b>	Date
_____	_____
Address	Phone
_____	_____
<b>Witness</b>	Date
_____	_____
<b>Approved By: Name &amp; Title</b>	Date

Mode of Operation Granted:

\_\_\_\_\_ Observer (no active incident participation).

\_\_\_\_\_ Supervised Performance. Allows limited patient care and/or fire incident activities under supervision of a unit officer. Limits of incident activities for this category shall be established at the time the agreement is approved.