



FAUQUIER COUNTY DEPARTMENT OF FIRE RESCUE

RIDE-ALONG PROGRAM

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) _____

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.

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.

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|---|----------------|
| _____ Signature of Participant | _____ Date |
| _____ Address | _____ Phone |
| _____ Witness | _____ Date |
| _____ Approved By: Name & Title | _____ 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.