



Ride-Along (Observer) Guidelines, Waiver, and Application

Purpose:

- To define a program for non-members of Quilcene Fire Rescue (QFR) to experience a "ride-along", to observe during an actual emergency call.
- To define the expectations of members and non-members during such calls and familiarization with QFR owned equipment/property and duties.
- To supply the member and non-member with information regarding their responsibilities during a ride-along.

Procedure:

- This document has been created to explain what is expected from everyone who requests to participate in a ride-along with Quilcene Fire Rescue.
- The Chief, upon approval of the "ride-along" application, shall assign the ride-along applicant to an active member of QFR. The QFR member shall be responsible for providing supervision over the applicant.
- The applicant (and a parent or legal guardian if the applicant is under the age of 18) shall be required to sign a waiver of liability and confidentiality notice.
- At no time shall the applicant provide any medical care to patients of QFR, nor shall they participate during the call in any extent that would constitute performance of duties as related to those performed by active members of QFR personnel on a scene.
- The applicant is participating on call(s) as an **"Observer Only"**.
- The applicant shall not be permitted to drive any QFR vehicle.
- When not actively performing an emergency call, and at the discretion of the Chief and the assigned QFR member, the applicant shall be allowed to handle and learn equipment owned by QFR when in the presence of the assigned QFR member.
- The treating EMT/Paramedic shall be responsible for advising the patient of the status of the applicant and ensuring the patient has no objections to their presence.
- The applicant may ride in the back of an ambulance only if the crew feels it would be appropriate and the patient does not object.

- The applicant shall follow the legal, lawful direction of any EMS, fire service, or law enforcement personnel at an emergency scene.
- The QFR member completing the PCR/MIR or Fire Incident report shall document the presence of the applicant as an "Observer". The QFR member shall remind the applicant of applicable confidentiality requirements.
- It shall be the duty of the assigned QFR member or any member of the crew to notify the Chief immediately of all unusual incidents that occur during the applicant's ride-along.
- The applicant's ride-along privileges shall be terminated at any time if the QFR member believes that such action is in the best interest of the QFR.
- This ride-along application may stay valid for thirty (30) days from the date of approval by the Chief.

Criteria:

- Ride-Along non-members are any person(s) over the age of sixteen (16) who are interested in the operations of QFR or in the field of Emergency Medical Services as provided in the community and surrounding area of Quilcene.
- Applicants under the age of eighteen (18) must have the approval of a parent or legal guardian to participate in a ride-along. The parent or legal guardian shall sign the waiver of liability and confidentiality notice along with the applicant.
- All Ride-Alongs will take place between the hours of 8:00 am and 8:00 pm.
- No applicant shall sleep or stay in any QFR owned property overnight, including but not limited to Crew Quarters.
- No applicant shall ride with any other member except the assigned QFR member unless permission is given by the Chief.
- The applicant must act, dress, and present themselves in a professional manner when on the ride-along. The following dress rules must be adhered to:
 - ✓ Closed-toed, low or no-heel shoes (no flip-flops, sandals, or high heels)
 - ✓ Clean pants and shirt/t-shirt (no dresses/skirts).
 - ✓ No low-cut, revealing, or torn clothing.
 - ✓ Perfumes and colognes are discouraged as some patients are allergic.
 - ✓ No excessive and/or dangling jewelry.

The applicant (and parent or legal guardian if applicable) must complete and sign the following forms. Submit completed forms to the Fire Chief or District Secretary.

WAIVER OF LIABILITY AND CONFIDENTIALITY NOTICE

Applicant's Name: _____

Date of Birth: _____ Age: _____

Address: _____

Parent/Guardian Name (if applicable): _____

For and in consideration of the undersigned applicant being given the opportunity of observing the operations and functions of Jefferson County Fire Protection District No. 2 dba Quilcene Fire Rescue (QFR) by riding in apparatus operated by QFR, and by any and all other means of observation whatsoever, the undersigned applicant, in order to avail himself or herself of said opportunity, recognizes and assumes any and all risk pertaining thereto, and hereby releases QFR and all personnel of QFR from liability whatsoever, or any injuries, damages, and/or claims the undersigned, his/her heirs and their dependents and assigns, may sustain in and about any apparatus, or in any way during the course of the observation and studies by the undersigned of the operations and functions of QFR. The undersigned applicant (and parent or legal guardian if applicable) does also authorize QFR to conduct a background check of all law enforcement contacts and criminal records that may pertain to applicant.

Further, the undersigned applicant understands that confidential or otherwise sensitive information obtained in connection with this ride along may not be disclosed or disseminated in any manner whatsoever unless authorized by the authority having jurisdiction. Any violation of this section may result in legal action.

By signing this notice the applicant (and parent or legal guardian if applicable) do hereby understand and agree to abide by all the set rules and regulations of a ride-along applicant.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

APPLICATION FOR RIDE-ALONG

Full Legal Name: _____

Date of Birth: _____ Age: _____ Grade: (if applicable) _____

Address: _____

Email: _____ Phone: _____

Emergency Contact: _____ Relation to Applicant: _____

Contact's Phone #: _____

Applicant's health conditions, allergies, medications: _____

Why do you want to do a ride-along? _____

Do not write below this line

Application is: approved not approved

If not approved, reason: _____

If approved, applicant shall be assigned to: _____

Chief's Signature: _____ Date: _____