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<b>SUBJECT:</b>	<b>RIDE-ALONG PROGRAM</b>
<b>GOAL:</b>	LifeLine Ambulance may allow citizens to “ride along” to observe our operations.
<b>PURPOSE:</b>	To allow selected individuals the opportunity to observe LifeLine Ambulance Inc. in action, and patrons the chance to evaluate and/or determine career interest.
<b>PROCEDURE:</b>	<p>The following procedures must be followed for all potential ride-along individuals:</p> <ul style="list-style-type: none"><li>- The rider must be at least 18 years of age, or at least 16 and in a formal school program which requires the experience.</li><li>- If the rider is under the age of 18, and in a formal school program which requires the experience, a parent or legal guardian must sign a release. If the rider is over 18 years of age the observer will sign a release. <b>These must be filled out in advance of the observation.</b></li><li>- Observation may be conducted only between the hours of 0800hrs and 2200hrs, Monday through Friday (weekend dates must be approved by on-duty weekend crews).</li><li>- Attire will consist of dark colored (navy or black) neat and clean pants, and a light colored shirt (not a T-shirt), winter coat, and appropriate footwear (black, polish able shoes). (<i>Attire cannot have tears, holes, logo's or stains</i>)</li><li>- Observers riding through a meal period must provide their own brown-bagged meal(s).</li><li>- Observers must be afforded all necessary safety precautions while riding and while in the station. Every effort will be made to provide the observer the opportunity for a flavor of the job, while still respecting victim privacy and / or scene safety.</li><li>- If, in the crew's judgment, the rider does not comply with any of the above noted provisions or is causing undue disruption, the rider's observation will be terminated and the on-duty Supervisor immediately notified. A report stating the reasons for such termination will be forwarded to the location manager expediently, but no later than the end of the shift.</li><li>- Each individual requesting a ride along must submit an application form to the supervisor or his designee. Once approved, the rider will be furnished with a copy of the Ride-Along Policy and a ride time will be scheduled. The ride time must be scheduled with the supervisor at least one shift in advance. Individuals must be on time to their scheduled ride-along, if unable to come in for schedule ride the individual is asked to call and notify LifeLine as soon as possible.</li><li>- All potential riders must provide a copy of a photo ID attached to the application.</li><li>- Medical or physical conditions, not previously identified in the application process, which might affect the observer's ability to ride along, such as illness, injury, etc., should be brought to the attention of the on-duty supervisor immediately for a decision on whether or not the observer is allowed to ride.</li><li>- Observers must ride with a qualified staff member.</li><li>- These procedures may be deviated from on a case-by-case basis upon consideration of the supervisor. Any on-going variation of the procedures, including special programs and high school shadow programs will be evaluated on a case-by-case basis by the supervisor.</li></ul>



### LifeLine Ambulance, Inc. Ride-Along Release

Name of observer / rider (*please print*): \_\_\_\_\_

I, the undersigned, in consideration of the contents of this form, do hereby release LifeLine Ambulance, Inc. and any individual employee of LifeLine Ambulance, Inc., from any and all liability which may arise or be incurred by reason of the undersigned being in an ambulance or with a LifeLine Ambulance employee while observing the operation of that company or the work of an individual employee.

It is understood that I am acting in an individual capacity and am not an employee, nor agent of LifeLine Ambulance, Inc.

I understand that I may be subjected to people with severe or fatal injuries, sickness, communicable diseases, violent persons, emotionally unstable persons and travel at speeds exceeding the posted speed limit.

I understand that it is expected that I conduct myself in a professional and courteous manner and maintain a professional appearance at all time.

I understand that while observing the operation of LifeLine Ambulance, Inc. may witness the exchange of Protected Health Information (PHI) and other confidential patient information in the rendering of LifeLine services. I understand that this personal patient information may exist in a variety of forms such as electronic, oral, written or photographic. I understand that any patient information or Protected Health Information (PHI) that I may acquire in any form is **strictly confidential** and may not be shared or disseminated for any reason. I agree to comply with and abide by all policies and procedures set forth by LifeLine Ambulance, Inc. to protect the privacy and confidentiality of patients and their personal health information. I understand that if I violate any provision of this policy that I will be subject to prosecution to the full extent allowed by law.

Anyone under 18 years of age must have the co-signature of a parent or guardian.

I, the undersigned, state that I have read and understand this document and accept the terms which are listed.

Date: \_\_\_\_\_  
(month/day/year)

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

Witness: \_\_\_\_\_



## Ride-Along Application

*(Application must be completed and returned to LifeLine Ambulance, Inc., Rides will not be scheduled until application is completed)*

NAME (print): \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number (home): \_\_\_\_\_ Phone Number (cell/other): \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Date(s) Requesting Ride-Along: \_\_\_\_\_

### CHECK THE FOLLOWING TIMES YOU ARE INTERESTED IN RIDING ALONG

☐ 0800-1200 ☐ 1300-1700 ☐ 1700-2200 ☐ 0800-2200 ☐ 0800-1700 OTHER: \_\_\_\_\_

### PLEASE INDICATE YOUR LEVEL OF MEDICAL TRAINING / CERTIFICATION / AFFILIATION:

- ☐ Private citizen  
☐ High school student (must be 16 or older)  
☐ First responder certification  
☐ EMT-B certification  
☐ EMT-I certification  
☐ EMT-P certification  
☐ Physician / RN / affiliated health provider  
☐ Not listed (Explain: \_\_\_\_\_)

### THE REASON FOR MY RIDE(S) IS/ARE

- ☐ Observation only  
☐ Complete course work high school (Explain Below)  
☐ Complete certification (Explain Below)  
☐ Complete internship (Explain Below)  
☐ Future employment in emergency services (Explain Below)  
☐ Future employment at LifeLine Ambulance, Inc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### WHEN RIDING I WILL PERFORM AT THE FOLLOWING LEVEL OF TRAINING

- ☐ Observer  
☐ First responder / Or EMT in Training  
☐ Emergency Medical Technician Basic  
☐ Emergency Medical Technician Intermediate  
☐ Emergency Medical Technician Paramedic  
☐ Registered Nurse  
☐ Physician

I have read and agree to the contents of the LifeLine Ambulance, Inc. Ride-Along Program application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature / Approval by LifeLine Ambulance, Inc. \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

NAME (print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number (home): \_\_\_\_\_ Phone Number (cell/other): \_\_\_\_\_

Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_