



Harleysville Area Emergency Medical Service, Inc.

309 Main Street • P.O. Box 16 • Harleysville, PA 19438
Phone: (215) 513-1880 • Fax: (215) 513-2001

REQUEST FOR RIDE-ALONG

Requested Ride-Along Date: _____

Applicant Name: _____ Age: ____ Date of Birth: _____

Address: _____

Telephone: _____

Employer: _____

Reason for requesting to participate in Ride-Along Program: _____

EMERGENCY CONTACT INFORMATION:

Name of person to contact in case of emergency: _____

Address: _____

Phone Number: _____

PERSONAL BACKGROUND:

1. Have you ever been convicted of theft, assault, battery, sexual offense or any felony? **Yes / No**

2. If **yes**, please explain _____

3. Are you presently on parole or probation? **Yes / No**

4. If **yes**, please explain _____

**THE ABOVE INFORMATION WILL BE VERIFIED PRIOR TO YOUR PARTICIPATION,
AND KEPT CONFIDENTIAL**

I acknowledge and provide consent to the Harleysville Area EMS organization to conduct a check through appropriate informational resources to verify the information provided.

I understand that false statements or misrepresentations made by me shall permanently disqualify me from participation in the Ride-Along Program with Harleysville Area EMS. I agree not to discuss names or persons involved in medical cases or other incidents. Each Rider will be considered a confidant of the Harleysville Area EMS organization and it is essential that all matters pertaining to recipients of medical or related service by the Harleysville Area EMS organization and any and all personal information including names, medical history and statements gathered remain confidential in compliance with federal HIPAA regulations. I have read, I understand, and I agree to abide by, the Harleysville Area EMS's Ride-Along Program Policy.

Signature: _____ Date: _____

**HAEMS RIDE-ALONG WAIVER
AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE
WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT**

I, _____, age _____, have made a voluntary request to ride in a vehicle assigned, leased, owned, operated, or otherwise in use by the Harleysville Area Emergency Medical Service. I have also made a voluntary request to accompany personnel during the performance of their official duties.

In consideration of the permission given to me to participate in a ride-along program, I do hereby agree:

1. That I am aware that the work of emergency service providers can be inherently dangerous and that I may be subjected to the risk of death or personal injury or damage to my property by accompanying personnel during the performance of their official duties and that I freely, voluntarily, and with such knowledge assume the risk of death, personal injury, or property damage arising from or in any way connected with fire, explosion, gas, electrocution, hazardous materials, medical emergencies, or the use of weapons, unlawful acts, or forcible resistance by law violators or suspected law violators, assault, riot, breach of peace while accompanying personnel during the performance of their official duties.
2. That the President, the Board, the Chief, other operation and or administrative officers, and all personnel (volunteer and paid) of the Harleysville Area EMS, shall not be held responsible or liable for any injury, damage, loss or expense, either to me or my property, incurred while riding in any vehicle assigned, leased, owned, operated, or otherwise in use by Harleysville Area EMS, or within the station(s) or while accompanying any personnel of Harleysville Area EMS during the performance of their official duties and resulting from any negligent act or omission on the part of any personnel of said organization.
3. For myself, my heirs, my executors, administrators, and assigns, to release, indemnify, protect, defend, and hold Harleysville Area EMS, and all officers, employees, supervisors, volunteers, and others employed or providing service for said department, harmless from all liability, obligations losses, claims, demands, damages, actions, suits, proceedings, costs, and expenses, including attorney's fees, of any kind or nature whatsoever, whether suffered, made, instituted, or asserted by me, my heirs, executors, administrators, and assigns, or by any other entity, party, or person for any personal injury to or death of any person or persons for any loss, damage, or destruction of any property, whether owned by Harleysville Area EMS or not, arising out of, connected with, or resulting directly or indirectly from my participation in the ride-along program and which arises by reason of any actual or claims negligent or wrongful act or omission of mine that occurs while riding in any vehicle assigned, leased, owned, operated, or otherwise in use by Harleysville Area EMS, or the EMS station(s) or in otherwise participating in the ride-along program. The foregoing agreement to indemnify shall continue in full force and effect notwithstanding the conclusion of my participation in the ride-along program.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

Name (print or type): _____

For a minor, Parent or Guardian (print or type): _____

Applicant Signature

Date

Parent/Guardian Signature (for minor)

Date

Department Officer Signature

Date

HAEMS Ride-Along Policy and Procedure

PURPOSE:

For community members to learn more about Harleysville Area Emergency Medical Service and the responsibilities involved in providing emergency medical care to the public, as well as the ever-present need of maintaining and improving relations with the community.

It is hoped that through direct involvement with the Ride-Along Program, the participant (“Rider”) will gain an insight into issues encountered in emergency service operations. It is further hoped that when the Rider returns to the community, he or she will have a better understanding of the Harleysville Areas EMS’s services and share with others insights and experiences gained from this direct participation.

POLICY:

The Ride-Along Program is intended for members of the community seeking an understanding of emergency medical operations, students of EMS and or fire academies or those in EMT/Paramedic programs, interested members of the Harleysville Area community and other observers with related purposes.

PROCEDURE:

1. DRESS AND APPEARANCE

- a. Riders shall be neat and clean in appearance. While participating in the Ride-Along Program, the Rider is, in effect, representing the Harleysville Area EMS organization.
- b. Riders shall wear suitable attire. Dark blue or black pants (sorry no jeans) and a plain shirt are recommended. No writing or artwork is allowed on clothing, except small brand logos are acceptable. Riders must wear flat, closed-toe shoes. Boots are recommended.
- c. Riders shall wear an observer badge provided by the Department, or other appropriate badge provided by the media, school, or county, etc.
- d. Riders shall wear no loose fitting jewelry that could cause a hazard to the Rider.

2. RIDE-ALONG HOURS

- a. Riders are generally to be limited to the hours between 6:00 a.m. and 11:00 p.m., unless authorized by the Chief of the Department.

3. INSTRUCTIONS AND RULES

- a. No person shall be permitted to participate in the Ride-Along Program unless he or she first has submitted a signed copy of both of the following Department forms: (1) Request for Ride-Along; and (2) Agreement Assuming Risk of Injury or Damage, Waiver and Release of Claims and Indemnity Agreement. The forms shall have been approved and in the possession of the company officer prior to any participation in the Ride-Along Program. Refusal to complete these forms or false statements of any nature made on these forms will disqualify the applicant from participating in the Ride-Along Program. The crew chief of the ambulance may deny the request for a Ride-Along on his ambulance.
- b. The rider must be 18 years of age or older or have proper consent from their legal guardian.
- c. Cameras and recording devices may only be used when authorized by the ambulance crew chief and or department officer.
- d. The Rider must not leave the immediate vicinity of the ambulance in which they are riding unless the crew chief or department officer has given permission to do so.
- e. The Rider must obey the orders and instructions given by the organization's personnel to whom he or she is assigned.
- f. Riders are not permitted to respond to Haz-Mat, Hostage, Turnpike (if under 18), or police incidents. During the time of these calls, the Rider is not permitted to be in the ambulance building unsupervised. If the Rider is already in the ambulance, (i.e. returning from another call) then they are to remain in the ambulance at all times during the duration of the call.
- g. The Rider will provide his or her own transportation to and from the ambulance station.
- h. The ambulance crew chief, department officer or the Rider may terminate the Ride-Along at any time.
- i. It shall be understood by the Rider that participation in the Ride-Along Program is a privilege and that the basic premise of the Program is to learn about the functions of the Harleysville Area EMS organization and the Emergency Medical Service ("EMS") in general.
- j. The Rider agrees not to discuss names or persons involved in medical cases or other incidents. Each Rider will be considered a confidant of the Harleysville Area EMS organization and it is essential that all matters pertaining to recipients of medical or related service by the Harleysville Area EMS organization and any and all personal information including names, medical history and statements gathered remain confidential in compliance with federal HIPAA regulations.
- k. The Rider must carry a valid form of identification.