



Waterville Valley Department of Public Safety Ride Along Program

The Waterville Valley Department of Public Safety Ride Along program is designed to provide an opportunity for students, members of the medical community, and on a limited basis, members of the community to observe the dynamic field of firefighting and Emergency Medical Services (EMS). This service is provided as a privilege at the discretion of the Director or their designee and may be revoked at any time and for any reason.

PROCEDURE FOR REQUESTING A RIDE ALONG

- For EMS students, fire trainees, or nursing students upon completion of this form, send the request to: aharrington@watervillevalleynh.gov
- Rides must be scheduled at least two weeks in advance.

YOU MUST HAVE

1. Application to the Ride Along Program
2. Copy of picture of current Driver's License or picture identification
3. Signed Acknowledgement of Ride Along Program guidelines
 - a. Minors, less than 18 years old must have a legal guardian sign agreeing to the guidelines.
4. Signed Release and Waiver
 - a. Minors, less than 18 years old must have a legal guardian sign the release and waiver.
5. Signed Confidentiality Agreement
 - a. Minors, less than 18 years old must have a legal guardian sign the confidentiality agreement.

If you have any questions about the Ride Along Program or application please contact Waterville Valley Department of Public Safety's Administrative Assistant Alisha Harrington at (603)236-4730 or aharrington@watervillevalleynh.gov



Waterville Valley Department of Public Safety Ride Along Program

Application

Application must be filled out prior to participation. NO ONE will be allowed to participate unless all necessary paperwork is completely filled out, signed and approved by the department.

Full Name: _____ Date of Birth: _____
Gender: _____ Male _____ Female
Home Address: _____

Email Address: _____
Phone Number: _____

Place of Employment or School: _____

Address: _____ Phone Number: _____

Position/Title -or- Major/Study: _____

Organization(s) Represented: _____
Date you are requesting a ride along? _____
Have you ever been arrested? _____ Yes _____ No
If yes, list offense, location and date: _____

Do you have a physical impairment that would limit your activity while participating in the ride-along program?
___Yes ___No If yes, please describe: _____

Emergency Contact Information:
Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

I have read and understand the procedure for the Ride Along Program of the Waterville Valley Department of Public Safety. The above information is true and accurate to the best of my knowledge.

SIGN _____ Date _____



Waterville Valley Department of Public Safety

Ride Along Program

GUIDLINES

1. At all times, Ride Along participants shall be under the control of the Fire Officer on shift, WVDPS leadership team, and or senior crew member on duty. Failure to follow the directions of those listed above shall result in the removal of the privilege to participate as a Ride Along.
2. Ride Along participants are reminded that they are riding only as an observer. Standard procedures for blood borne pathogens are in effect. If you have questions or concerns, ask. If at any time the WVDPS leadership team or senior crew member determines that an emergency scene is unsafe or inappropriate for the Ride Along to observe, you may be asked to remain in the fire apparatus.
3. During your Ride Along you will be exposed to many things that are confidential in nature. These may include, but are not limited to: a patient's health information, insurance and billing information, and identifying information from emergency scenes. Divulgence of such information is strictly prohibited and can result in civil and/or criminal penalties.
4. Photographs, videos or audio recordings will not be permitted while participating in the Ride Along Program. Posts to social media are prohibited unless under the permission from the Director or his designee.
5. As a Ride Along participant, you may be required to appear in court to give testimony of events witnessed on an emergency scene.
6. Appropriate dress for your Ride Along shall include:
 - Clean and neat pants, black or dark blue in color.
 - NO jeans
 - Button up or polo type shirt. Shirts with pictures, logos, or advertisements are not appropriate for your ride along.
7. While at the station, Ride Along participants shall not be allowed into the dormitory areas of the station and/or patrol room unless escorted by a member of the crew.
8. Under no circumstances shall a Ride Along participant be permitted to enter a building that is on fire until such time as the Incident Commander has declared the fire under control, all smoke has been cleared from the building, and the building has been determined to be safe for entry by non-operational personnel. Fire department personnel shall directly supervise the entry.
9. At all times while in WVDPS vehicles, Ride Along participants shall wear seat belts.

By signing below, I agree to abide by the program guidelines and policies.

Printed Name of Participant _____

Signature of participant OR of a parent or legal guardian if the participant is a minor:

Date: _____



Waterville Valley Department of Public Safety Ride Along Program

RELEASE AND WAIVER

In consideration of the Waterville Valley Department of Public Safety allowing
_____ to participate in the Ride Along Program:

☐ I, _____, being of at least eighteen (18) years of age, hereby acknowledge and agree to the following:

or

☐ The parent or legal guardian will provide a current valid email address. The email is required in order for your minor to obtain Ride Along privileges. Parent or legal guardian email: _____ Waterville Valley Department of Public Safety will notify you through email with and electronic communication to verify you give consent to this release and waiver.

It is your responsibility to check for this electronic communication and to check for updates to this release and waiver.

I, _____ the parent, or legal guardian of _____, a minor, do hereby acknowledge and agree to the following:

1. The Ride Along Program is an opportunity to participate as an observer with WVDPS fire and medical personnel at facilities or in emergency response vehicles during normal shift periods and fire and emergency medical responses. I understand that WVDPS medical and fire responses inherently involve elements of risk not normally present in daily activities. Such risks include but are not limited to high-speed vehicle response, the presence of blood borne pathogens, emotional trauma, and the exposure to physical injury or death. While WVDPS personnel will use reasonable care supervising my participation, the WVDPS is not capable of completely controlling or removing the risks inherent in its activities for the Ride Along Participants nor the Participants' response to such risks.
2. As a Participant, I will be under the control and supervision of the Fire Officer, WVDPS leadership and senior crew members. In addition, I will be subject to the Ride Along Program Guidelines that have been developed for the Program. I affirm that I have previously reviewed those Guidelines and agreed to abide by them.



Waterville Valley Department of Public Safety

Ride Along Program

RELEASE AND WAIVER

Having reviewed the above, I, on my own behalf or on behalf of the above-named minor, hereby acknowledge that I have read the above and understand the risks inherent in the Ride Along Program and request to participate in the Ride Along Program. I further agree to comply with all directives of WVDPS staff and the Ride Along Program Guidelines. I agree to maintain the confidentiality of all such information to which I am exposed and to not make any recordings or take any photographs of matters observed during the Ride Along. I agree to abide by the terms and conditions of the Ride Along Program Guidelines.

In consideration of the WVDPS allowing participation in the Ride Along Program, I hereby voluntarily assume the risk of loss or damage that participation in the Ride Along Program reasonably involves and release Town of Waterville Valley, its officers and employees from any and all liability for injuries, losses or claims that may arise from participation in the program.

DATED and EXECUTED this _____ day of _____, 20____.

SIGNATURE

NAME (TYPE)

WITNESS

DATE



Waterville Valley Department of Public Safety Ride Along Program

Confidentiality Agreement

I _____ understand Waterville Valley Department of Public Safety provides services to patients, which are private and confidential, and I am a crucial step in respecting the privacy rights of WVDPS patients. I understand it is necessary, in the rendering of WVDPS services patients provide personal information and such information may exist in a variety of forms, such as electronic, oral, written, or photographic and all such information is strictly confidential and protected from improper use and disclosure by federal and state laws.

I agree I will comply with all confidentiality and security policies, procedures, and standards set in place by WVDPS during my experience as a student/guest/trainee with Waterville Valley Department of Public Safety. If at any time, I knowingly or inadvertently breach the patient confidentiality or security policies and procedures, I agree to notify the Director of Waterville Valley Department of Public Safety immediately.

In addition, I understand a breach of patient confidentiality may result in immediate suspension or termination of the privileges to gain clinical experience or observe the activities of WVDPS. Upon termination of this privilege for any reason, or at any time upon request, I agree to return all patient confidential information in my possession. As a rule, I understand any patient or confidential information I see or hear while a student/guest/trainee will stay here at WVDPS when I leave.

I agree to abide by all policies or my privileges to participate in clinical activities or to observe Waterville Valley Department of Public Safety activities will be terminated.

Signature: _____ Date: _____

Name (type) _____ (Parent or legal guardian if under
(18) years of age)

Witness or received by: _____ Date: _____



Waterville Valley Department of Public Safety Ride Along Program

OFFICE USE ONLY:

Application complete: _____

Guidelines signed: _____

Release and waivers complete: _____

Confidentiality Agreement Complete: _____

Request is Approved / Disapproved (circle one)

Rider is authorized to ride along on _____

With _____

Director

Comments:

