# RIDE-ALONG AUTHORIZATION FORM

*The undersigned individuals have requested that authorization be given to permission to complete a "ride-along" program and agree to comply with the policies established in Standard Operating Procedure 1.4.03.*

## THIS SECTION TO BE COMPLETED BY PERSON REQUESTING RIDE-ALONG

NAME_____ DATE OF BIRTH_____/_____/_____.

ADDRESS_____

PHONE_____

EMERGENCY CONTACT/ RELATIONSHIP_____

PHONE_____

REASON FOR RIDE-ALONG (circle one)   CLINICAL PRECEPTING   INTERESTED IN JOINING

EMPLOYMENT   OTHER _____

AGENCY/ SCHOOL REPRESENTING _____

| REQUESTED DATE(S)/ TIME(S): | / / | / / | / / |
|---|---|---|---|
| | :   TO   : | :   TO   : | :   TO   : |

| PLEASE ANSWER THE FOLLOWING BY PLACING A "Y" OR A "N" IN THE BOX TO THE RIGHT OF THE QUESTION. | | | |
|---|---|---|---|
| ARE YOU SUBJECT TO A COURT ORDER RESTAINING YOU FROM HARASSING, STALKING, OR THREATENING AN INTIMATE PARTNER OR CHILD OF SUCH A PARTNER? | | ARE YOU UNDER INDICTMENT OR DO YOU HAVE CHARGES PENDING IN ANY COURT FOR ANY CRIME? | |
| ARE YOU CURRENTLY TAKING ANY MEDICATION THAT COULD IMPAIR YOUR JUDGMENT? | | HAVE YOU EVER PARTICIPATED IN THE RIDE-ALONG PROGRAM BEFORE? IF YES, WHEN DID YOU LAST PARTICIPATE _____ | |

PLEASE READ AND SIGN THE FOLLOWING STATEMENT.

I DO HEREBY RELEASE THE FREDERICK COUNTY FIRE AND RESCUE DEPARTMENT AND THE ABOVE SELECTED STATION FROM ALL RESPONSIBILITY RELATING TO ANY AND ALL ACCIDENTS WHICH I MAY BE INVOLVED IN WHILE PARTICIPATED IN AN AUTHORIZED RIDE-ALONG PROGRAM.

PRINTED NAME _____     SIGNATURE_____

DATE_____     WITNESS_____

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### THIS SECTION TO BE COMPLETED BY TRAINING DIVISION STAFF

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Received by Training Division Staff _____     Date _____

Completed:

[   ]   HIPAA required training

[   ]   Notice of Privacy Laws statement, signed

[   ]   Release of All Claims and Assumptions of Risk Agreement, signed

| SCHEDULED DATE | LOCATION | PRECEPTOR/ SUPERVISOR | NOTIFICATION SENT TO | |
|---|---|---|---|---|
| | [ ] 10  [ ] 16<br>[ ] 11  [ ] 17<br>[ ] 12  [ ] 18<br>[ ] 13  [ ] 19<br>[ ] 14  [ ] 20<br>[ ] 15  [ ] 21 | | [ ] CHIEF | [ ] PRECEPTOR/ SUPERVISOR<br><br>[ ] SCHEDULED ON FIRE MANAGER |
| | [ ] 10  [ ] 16<br>[ ] 11  [ ] 17<br>[ ] 12  [ ] 18<br>[ ] 13  [ ] 19<br>[ ] 14  [ ] 20<br>[ ] 15  [ ] 21 | | [ ] CHIEF | [ ] PRECEPTOR/ SUPERVISOR<br><br>[ ] SCHEDULED ON FIRE MANAGER |
| | [ ] 10  [ ] 16<br>[ ] 11  [ ] 17<br>[ ] 12  [ ] 18<br>[ ] 13  [ ] 19<br>[ ] 14  [ ] 20<br>[ ] 15  [ ] 21 | | [ ] CHIEF | [ ] PRECEPTOR/ SUPERVISOR<br><br>[ ] SCHEDULED ON FIRE MANAGER |

**FORM #FRD-143**