MESCAL-J6 FIRE DISTRICT
RIDE ALONG PROGRAM
APPLICATION

The Mescal-J6 Fire District allows members of the community 16 years of age and older to participate in a Ride Along Program with on-duty emergency crews. This program is intended as an educational endeavor to acquaint community members with the services provided by the Fire District, and to better understand the duties and responsibilities of today's firefighters.

The ride along program may not be feasible for everyone. Riders must have the physical ability to rapidly get on fire apparatus to prevent delays in emergency response. Riders must also be able to withstand the weather variations common to Arizona for a significant period of time, as necessary to deal with different emergency events.

MJFD welcomes all who are interested to complete the following application and provide a copy of your valid I.D. for proof of age. Carefully read this 4-part packet before signing the Application, attached Liability Waiver and Acknowledgement of HIPAA Obligations. Please submit this completed packet to a District officer or, mail to:: Mescal-J6 Fire District, 448 N. Warren Road, Benson, Ariz. 85602.

NAME: _____ DOB_____

ADDRESS: _____PHONE:_____

BUSINESS ADDRESS: _____PHONE: _____
(If student, list school and grade.)

IN CASE OF EMERGENCY OR ACCIDENT, PERSON TO CONTACT:

_____

NAME ADDRESS RELATIONSHIP PHONE#

_____

SIGNATURE OF APPLICANT DATE SIGNED

Approved by the Mescal-J6 Fire District Governing Board on April 4th, 2016. Replaces November, 2011

CIVILIAN "RIDE-ALONG" LIABILITY WAIVER

The intent of the Mescal J-6 Fire District Civilian *"Ride Along" Program* is to provide an opportunity for individuals to accompany District personnel to observe them in the performance of their duties. **The rider is aware that such duties may create a hazard to the rider and/or to District personnel, but has agreed to assume all risk for any incident that occurs during the ride-along, and to hold the Mescal-J6 Fire District harmless in the event something does happen.**

The District agrees to permit the rider to *"Ride-Along"* with personnel on the following date(s):_____ In exchange, **the rider and the rider's legal guardian have each read and agree to the following:**

1. I release, discharge and waive all claims, against the District, present and future, known or unknown, in any manner whatsoever, arising out of my participation in the *Ride-Along Program*, including any and all claims, lawsuits, demands, court costs, attorney's fees and damages of any kind or nature arising out of the Rider's participation in the Ride-Along Program, whether by act or omission, negligence or intentional. **This release of liability never expires.**
2. I agree to comply fully **and to the best of my ability** with any directives, orders, or requests from District personnel during the *Ride-Along Program*; including any periods prior to or following the ride-along on District property, and at no time shall I impair the function of District personnel.
3. **I agree to strictly observe the confidentiality of District and patient records and understand that permission to take part in the Ride-Along Program in conditioned on the execution of and compliance with the HIPAA Obligations agreement.**
4. **I agree that in addition to any HIPAA obligations, patients and members of the public are entitled to privacy and dignity in how they are treated and I will treat as <u>confidential</u> any information which I may come into contact with during my Ride-Along or as a result of my participation in the Ride-Along Program.**
5. **I understand and acknowledge that any breach of confidentiality will result in the permanent termination of privileges and may result in legal action against me.**
6. I have read and understood this release agreement and all of its terms. I have read and understood the Ride Along Program Rules. I have executed the release agreement voluntarily and with full knowledge of its significance. I agree to abide by program rules.
7. I understand that riding along with the District personnel may expose me to risks such as, but not limited to, hazardous materials, infectious diseases, and traumatic situations.

Ride-Along:
Date: _____
Print Name:_____
Signature:_____

District Representative:
Date: _____
Print Name:_____
Signature: _____

Rider's Parent / Guardian (if rider is under 18):
Date: _____
Print Name:_____
Signature:_____

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MESCAL J-6 FIRE DISTRICT
RIDE-ALONG PARTNER ACKNOWLEDGEMENT OF HIPAA OBLIGATIONS

1. I understand that it is the intent of the MESCAL J-6 Fire District (DISTRICT) to safeguard and protect privacy and security of its applicants, employees' and patients' "protected health information" as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
2. I understand that "protected health information" includes individually identifiable information, maintained or transmitted through any medium, relating to an individual's past, present, or future physical or mental health or healthcare. Health information is considered individually identifiable if it either identifies a person by name or creates a reasonable basis to believe the individual could be identified (through identifiers such as address, Social Security number, dates of service, telephone number, email address or vehicle identification number).
3. In the course of my ride-along experience with the DISTRICT, I understand that I may come into contact with protected health information of applicants, employees, and patients. **In consideration for my being allowed to ride-along with the DISTRICT, I hereby agree that I will not at any time (either during my assigned time with DISTRICT, or any time thereafter) access, use, or disclose to any person or entity, and protected health information of the DISTRICT's applicants, employees, or patients.**
4. I further understand it is the policy of DISTRICT to ensure the confidentiality, integrity, and availability of protected health information entrusted to DISTRICT by its applicants, employees, and patients by protecting those assets from unauthorized access, alteration, deletion, or unauthorized transmission and to ensure their physical security. In consideration for my being allowed to ride-along with DISTRICT I further agree that I will not make any unauthorized transmission, alteration, deletion, or unauthorized access of protected health information.
5. Such unauthorized transmission includes but is not limited to, removing and/or transferring protected health information. Such unauthorized transmission includes, but is not limited to, removing and/or transferring protected health information in District's computer system to an unauthorized location. I understand that these privacy and security obligations apply, regardless of the manner in which I acquired the protected health information, whether it was communicated verbally, in writing, electronically, or in any format, and regardless of whether it was communicated directly to me or intended for my access. **I understand that this obligation survives the completion of my ride-along experience with the DISTRICT no matter the circumstances whereby my experience is completed.**

6. I understand that the unauthorized access, use, disclosure, alteration, deletion, or unauthorized transmission of protected health information in violation of this policy may subject me to immediate removal from all DISTRICT facilities or apparatus. I also understand that violating the privacy and security rights of individuals protected health information under HIPAA may also result in the imposition of civil/and criminal penalties and other sanctions provided by federal and state laws.
7. **By signing below I acknowledge that I have read this policy and understand my obligations as an individual and ride-along applicant of DISTRICT to protect the privacy and security of protected health information relating to any applicant, employee, or patient.**

RIDE-ALONG APPLICANT:

NAME: _____

SIGNATURE: _____DATE: _____

If RIDE-ALONG is under 18, name and signature of LEGAL GUARDIAN:

NAME: _____

SIGNATURE: _____ DATE: _____

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RULES FOR THE MESCAL-J6 FIRE DISTRICT
RIDE ALONG PROGRAM

1. The RIDE ALONG PROGRAM is a privilege and not a right and may be terminated at any time.

2. Remember that you are a guest of the DISTRICT and the Officer/Firefighter to whom you are assigned.

3. It is critical that you do not involve or interject yourself into any of the details or assignments to which your fire unit is dispatched.

4. The fire officer is always in charge and you are expected to do exactly as he tells you. your safety may depend on it.

5. You are likely to hear of, and many times observe, tings that are confidential by law. You should know that divulgence of such information is punishable by fine, imprisonment, or both.

6. Remember that while participating in the program you represent the DISTRICT. As such, you are expected to dress conservatively.

7. Do not bring personal equipment with you. This includes cameras, tape recorders, cell phones and other electronic devices, flashlights, etc. Under no circumstances should ou have in your possession any type of firearm, imitation firearm, or any other weapon.

8. Your fire officer will go over some of the basic rules with you at the start of the RIDE ALONG. If you do not understand something or you have a question, be sure and ask the officer to clarify it for you.

9. Feel free to ask your fire officer anything concerning fire fighting. If a radio broadcast begins, we ask that you stop talking. Your fire officer is responsible to monitor the radio at all times, even if the call isn't for your assigned engine company. It is important for the fire officer to know what the other engines are doing at all times.

10. If you would like to request to ride along with a certain fire fighter, indicate this on your Application: however the final decision rests with the FIRE CHIEF.

11. We would very much like to hear from you concerning your experience as a participant in the RIDE ALONG PROGRAM, especially in ways in which to improve the program.

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