



Monterey County Regional Fire District
19900 Portola Drive
Salinas, California 93908
(831) 455-1828 FAX (831) 455-0646

Ride Along Program Request

To participate in MCRFD Ride Along Program, you must be at least 16 years of age. Minors must have a release form signed by parent/guardian, and must be in good health. Participant must dress neatly and conservatively. No firearms, cameras or recording devices will be allowed. Alcoholic beverages and/or drug use is prohibited. A Liability Waiver must be signed prior to participating in this program.

General Information:

Date Requested: _____	Times: _____ (am/pm) to _____ (am/pm)
Age of Participant: _____	Parents Signature: _____ (if minor)

Personal Information:

Full Name (Last, Initial, First): _____	
Residence: _____	
Mailing Address (if different than above): _____	
Home Phone: (____) _____	Work Phone: (____) _____
Social Security #: _____ - _____ - _____	Date of Birth: _____ / _____ / _____
Place of Birth: _____	Mother's Maiden Name: _____

Employment/School:

Name: _____
Address: _____

Emergency Contacts:

Name: _____	Phone: _____
Name: _____	Phone: _____

For Office Use Only

Reviewing Chief Officer : _____	Date Application was submitted: _____
Station/Shift: _____ Co. Officer: _____	<input type="checkbox"/> Yes, request granted <input type="checkbox"/> No, request denied
<input type="checkbox"/> Notified Company Officer of Scheduled Ride Along	Chief Officer's Signature: _____

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Ride Along Release

I, _____, in consideration of the privilege of being able to accompany certain Engine Companies/ambulances of Monterey County Regional Fire District in order to further my understanding of firefighting & medical emergencies, do hereby agree and consent to release and hold harmless the MCRFD, their agents and employees, from any accident, occurrence claim, suit, damages, or liability which may arise out of participation in the "Ride Along Program" with the Monterey County Regional Fire Protection District.

I hereby certify under penalty of perjury that I have read and understand the foregoing release and freely and voluntarily execute the same of the _____ day of _____, 20____ in the County of Monterey, California.

Parent/Guardian's Signature (if minor)

Applicant's Signature

Evaluation of Ride Along Participant

Ride Along Participant Name: _____

Date of Ride Along: _____

Engine Company: _____

Check all that apply.

- Participated as an interested citizen wanting to observe the function and duties of a firefighter or Paramedic.
- Interested in a career in firefighting.
- Participated as a result for EMT/Paramedic Certification
- Member of another fire department.

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Responsive to program. |
| <input type="checkbox"/> | <input type="checkbox"/> | Cooperative. |
| <input type="checkbox"/> | <input type="checkbox"/> | Interfered with duties of the firefighter or Paramedic. |
| <input type="checkbox"/> | <input type="checkbox"/> | Neatly dressed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Participant should be allowed to ride in the future. |

Additional Remarks: _____

Company Officer:

Date:

Participant Evaluation of the Ride Along Program

Participant Information:

Name: _____	Age: _____
Address: _____	Phone: _____
Date of Ride Along: _____	Engine Company: _____

I was given the opportunity to ride along with an engine company at MCRFD. The following is my evaluation and comments of the program:

Signature

Date

Note:

Please return this evaluation form to:

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**Health Insurance Portability and Accountability Act (HIPAA)
Compliance Agreement**

I, _____, have been fully advised of the conditions and mandates governed by the Health Insurance Portability and Accountability Act (HIPAA). And, in compliance with this Act, I do hereby agree and pledge to **keep all protected information pertaining to all patients confidential.**

I hereby certify under penalty of perjury that I have read and understand the foregoing release and freely and voluntarily execute the same of the _____ day of _____, 20____ in the County of Monterey, California.

Parent/Guardian's Signature (if minor)

Applicant's Signature