Boulder Fire Rescue
Ride - Along Program Application and Agreement

NOTE: APPLICATION MUST BE SUBMITTED TO THE EDUCATION OFFICE TWO (2) WEEKS PRIOR TO THE REQUESTED RIDE ALONG DATE.

DATE SUBMITTED:_____ By Whom:_____

I request permission to ride along with a Boulder Fire Rescue crew in an emergency response vehicle.
A ride-along participant shall not participate in any emergency activity. A ride-along participant rides in the capacity of an observer only and is under the complete control of the fire officer at all times.

I understand that this permission to ride must be approved and may be revoked at any time.

Name of Participant (Please Print): _____

Name of Parent/Guardian, if applicable_____

Date of Birth_____ Phone(s)_____

Email Address: _____

Mailing Address:_____

Colorado Driver License # _____ Expiration Date_____

College Students: Please provide copy of current CU Buff Card or School ID

Are you a candidate for employment with Boulder Fire Rescue? YES_____NO_____

I want to participate in the Boulder Fire Rescue Ride along Program because:

_____

_____

_____

_____

Additional Information

Riders are required to be at the designated station at scheduled time; if delayed or must cancel, participant must call the Shift Captain's office to notify and/or reschedule.

Tape recorders or cameras are not permitted unless prior approval has been granted per Fire Department media policy and only in special cases.

Riders must wear seatbelts and hearing protection equipment while riding in the apparatus.

If a ride is scheduled through meal times, the rider should plan on bringing their own food/meal.

Boulder Fire Rescue
Ride - Along Program Application and Agreement
Continued

Attire: Clean clothes without rips or tears, long pants, closed-toe shoes, no patches or badges/logos on shirts or jackets, minimal jewelry, perfume or aftershave. Candidates who report for their ride along may be denied by the shift officer based on poor hygiene or inappropriate dress.

One ride-along will be allowed per person every 12 months unless approved for special circumstances.

Ride-along participation will be scheduled between 8 a.m. and 5 p.m., Monday through Friday if possible.

In consideration of this application I agree to the following:

1. **I am participating as a civilian and strictly prohibited from performing any emergency medical or firefighting functions.**
2. **I will not divulge any confidential information that I learn while participating in the ride along program. I will read and complete the attachment, HIPAA Privacy Rule Confidentiality Agreement.**
3. **I will remain in the vehicle at all times unless directed by the fire officer in charge.**
4. **I am aware of the inherent risks involved and I freely and knowingly assume all risks to my person and/or property.**
5. **I am 18 years of age or older. If younger, this agreement is completed by parent/guardian who will accompany the younger rider.**
6. **That I, my heirs, executors and assigns indemnify and hold harmless the city of Boulder, and any of its employees, for any claims, amounts and/or damages that may arise from my conduct while I am participating the Ride Along Program.**

I acknowledge that I have read this entire agreement and that I understand its legal effect.

Signature_____Date_____

Signature of Parent/Guardian if participant under age 18:

_____ Date_____

Notification in case of Emergency**:**

Name: _____Relationship:_____

Phone:_____

Address: _____

Note: Applicants are advised to allow a minimum of two weeks for the scheduling of their Ride Along.
The Education Office will schedule the Ride Along AFTER background check clearance.

Boulder Fire Rescue Ride - Along Application Review

EDUCATION OFFICE Administration USE ONLY

Name of Applicant _____

Background Checks

- ☐ Rider Notified of 2 week scheduling HOLD due to Status pending background check/clearance.
- ☐ Date application submitted to Boulder Police Dept.:_____
- ☐ Date clearance received from Boulder PD:_____

Waivers

- ☐ Waiver Received: _____
- ☐ (Attached)

Schedules

- ☐ RIDE ALONG Scheduled by Education Office for (Date & time)_____
- ☐ Rider notified of Scheduled Date on: _____
- ☐ Education Office Coordinated with Shift Captain _____ on (date) _____
- ☐ Battalion Chief Scheduled for Duty Notified: _____
- ☐ Station Officer/Station Assigned_____

City of Boulder

Acknowledgement of Risk and Release
P.O. Box 791, Boulder, CO 80306

PROGRAM: _____

Applicant's Name (first, last): _____

Mailing address: _____

City: _____ State: _____ZIP:_____

E-mail: _____

Phone (H): _____

Emergency contact: _____
Name *Relationship* *Phone*

I apply to participate in the Program referenced above and agree to the following:

1. I understand that participating in the Program referenced above carries dangers and risks and I knowingly assume all risk of any resulting personal injuries including, but not limited to: falling; tripping; bumping; strains and injuries to back, spine, bone, joint, head, neck or muscles; or cuts, scrapes; choking; allergies; heat stroke; heat exhaustion; sunburn or other injuries or death; and any resulting damage to or loss of my property.
2. I waive and relinquish all claims or any basis, including but not limited to negligence, I may now have or might otherwise make in the future resulting from my participation in the Program against the City of Boulder (City) and its officers, agents, servants and employees. Further, I agree to indemnify, defend and hold harmless the City of Boulder against any claims by any person, firm or corporation arising from my participation in the Program referenced above, including claims already made and claims that may be made in the future.
3. I agree to pay for any damage to City property resulting from my participation in the Program directly to the City of Boulder within thirty days of receiving a statement of damage owed.
4. In case of emergency, I authorize City officials to secure from any licensed ambulance, emergency medical services provider, hospital, physician, and other medical personnel any treatment deemed necessary for my immediate care. I will be responsible for the payment for all care and treatment rendered.
5. I also give permission for disseminating media coverage of my participation in the Program for public relations purposes without any personal compensation.
6. This Acknowledgement of Risk and Release is valid for a period of _____ from the date executed below.

I acknowledge and understand this City of Boulder Acknowledgement of Risk and Release. Neither party can orally modify this Acknowledgement of Risk and Release.

APPLICANT:

_____ _____
Name (printed) **Signature**

Date: _____

City of Boulder

Acknowledgement of Risk and Release
P.O. Box 791, Boulder, CO 80306

(Complete the following if there will be participation by a minor child)

MINOR CHILD'S PARENT OR GUARDIAN ACKNOWLEDGEMENT OF RISK AND RELEASE

I, the undersigned, agree to the following:

I am the parent or legal guardian of the minor child named above. I have read and understand the City of Boulder Acknowledgement of Risk and Release. On behalf of the named minor child and myself, I agree to this Acknowledgement of Risk and Release.

_____ _____

Name of Parent or Guardian (printed) **Parent or Guardian Signature**

_____

Printed Name of Minor Child

Date: _____

HIPAA Privacy Rule
Confidentiality Agreement

As a participant in the city of Boulder Fire Department Ride-Along Program, you may become aware of protected health information (PHI) that is confidential in nature. Disclosure of PHI is protected under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please indicate your understanding of the following HIPAA information with your initials.

_____ PHI is any "individually identifiable health information," which includes information about an individual's past, present or future physical or mental health or condition; the provision of health care to the individual; or the past, present or future payment for the provision of health care to the individual.

_____ PHI includes information that identifies the individual or which can reasonable be used to identify the individual. Individually identifiable information includes many common identifiers such as name, address, birth date, and Social Security number.

_____ HIPAA prohibits the unauthorized disclosure of PHI to anyone outside the organization, whether oral, written, photographic, video or electronic.

_____ I agree that I am required as a ride-along participant with the city of Boulder Fire Department to comply with all confidentiality policies during my entire experience with the organization.

_____ I understand that potential civil penalties for unauthorized disclosure of PHI are $100 for each violation, up to a maximum of $25,000 per year for all violations. Criminal penalties can include one to 10 years of prison with financial penalties ranging from $50,000 to $250,000 for violations knowingly committed under false pretenses or with the intent to use PHI for malicious harm, personal gain or commercial advantage.

_____ If I, at any time, knowingly or inadvertently breach these patient confidentiality policies, I agree to notify the Training Chief of the city of Boulder Fire Department immediately. In addition, I understand that a breach of patient confidentiality may result in the termination of my privileges to ride with the city of Boulder Fire department. It may also include the recommendation by this department for disciplinary action by my sponsoring agency, if applicable.

I have read and fully understand the HIPAA confidentiality agreement and agree to all conditions set forth as a condition of my ride-along.

_____ _____

Signature of participant Date

_____

Printed name of participant