



**ELIZABETH FIRE PROTECTION DISTRICT  
CIVILIAN RIDE-ALONG REQUEST**

RIDER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

**IF UNDER 18 – PARENT OR GUARDIAN INFO:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DATE REQUESTED: (At least 2 dates in order of preference)

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

I have read, understand and will comply with the conditions of the Civilian Ride-Along on the reverse side of this page.

***Release of Liability:***

I, \_\_\_\_\_, hereby release and indemnify the Elizabeth Fire Protection District, its Board of Directors, Chief, Officers, and Members from any and all Liability for any injury, inconvenience, or monetary loss I may suffer as a result of my Ride-Along with the department.

\_\_\_\_\_

Rider \_\_\_\_\_

Date \_\_\_\_\_

Guardian \_\_\_\_\_

Date \_\_\_\_\_

Approved By \_\_\_\_\_

Date \_\_\_\_\_

Date Assigned \_\_\_\_\_

Shift \_\_\_\_\_

Shift Lt. \_\_\_\_\_

Date \_\_\_\_\_

## **ELIZABETH FIRE PROTECTION DISTRICT**

### **CIVILIAN RIDE-ALONG**

The purpose of the Ride-Along Program with the *Elizabeth Fire Protection District* is to provide an educational experience to our community. This program is designed to inform the public of the day-to-day activities of a Fire Protection District. The *Elizabeth Fire Protection District* serves 111 square miles in north-west Elbert County, including the town of Elizabeth. The District provides fire suppression, fire prevention, fire investigation, public education, emergency medical services, patient transport, and haz-mat response.

A person may request a Ride-Along with the *Elizabeth Fire Protection District* by filling out the reverse side of this form and submitting it to the District. Ride-Along requests are limited to a maximum of once per person, and one (1) rider per shift. All Ride-Alongs are subject to approval by the Battalion Chief. A Ride-Along request may be rejected for any reason. When a Ride-Along request is approved, the rider will be contacted to schedule the date and time for the Ride-Along. Ride-Alongs will be scheduled only during daytime hours (0800-1800) (8:00a.m.-6:00p.m.)

When the rider arrives for the ride, they must be wearing navy blue slacks, white shirt with a collar, and comfortable shoes or boots. Appearance must be neat, clothes and rider clean. No insignia, writing, or pictures can be on clothing worn by rider. The rider will contact the Shift Lieutenant and will be given instructions of how the rider will conduct him/herself during the shift. During the course of the shift, meals and bathroom access may be limited. Rider must bring their meal or money to purchase a meal.

It is understood by the rider or the guardian that, under some circumstances, the rider may be left at a hospital or other location due to the hazard or response requirements of the department. At no time will the rider be allowed to perform fire ground or suppression activities. On all scenes, the rider will be told what to do and where to be by the firefighter assigned to the rider. If at any time the rider does not follow directions, the Ride-Along will be immediately terminated. Rider must wear a seatbelt at all times he/she is in the department vehicle.

The rider understands that patient confidentiality must be upheld on all EMS calls. The rider agrees not to discuss any particulars of any call to anyone outside the *Elizabeth Fire Department*. I have been given a copy of the Elizabeth Fire Protection District's HPA Privacy Notice and agree to adhere to the provisions.

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### **Signature**

The rider understands that Fire/Rescue and EMS activities are inherently dangerous and agrees to conduct him/herself in accordance with the rules for the Ride-Along Program and any instructions given by the Fire Department Staff. The rider understands that the ride can be terminated at any time by any Fire Department Member.