

Sierra Ambulance Service, Inc

40755 Winding Way – PO Box 2307 – Oakhurst, CA 93644
(559) 642-0650 – Fax: (559) 683-7200 Web: www.SierraAmbulance.org

Ride-A-long Application

(Please print)

_____ First Name	_____ Last Name	_____ Day Preference for Ride-Along
_____ Address	_____ Home Phone	_____ Work Phone
_____ City, State & Zip	_____ Cell Phone	_____ Email Address
_____ Date of Birth	_____ Age	

Do you have any physical impairment(s)? Yes: No: If yes specify:

In case of an emergency, notify:

_____ Name	_____ Relationship	_____ Home Phone
_____ Work Phone	_____ Cell Phone	

Please furnish the reason for this Ride-a-long request:

Participation in the Ride-a-long program is contingent upon adherence to rules and regulations governing the program. You will be occupying the position of a silent observer during this time. We request that you do not reveal what you see or hear during your tour. You may be called upon to be a witness in a court proceeding. You may be called upon for assistance. The decision for this will rest with the employees to whom you are assigned and the given circumstances. All participants will be expected to be properly dressed in keeping with the standards of the organization. Observers will only be permitted to participate once within a 12-month period, unless further approval is granted by the Ride-a-long Scheduler, Operations Supervisor, or General Manager.

To Be Completed by Ride-a-long scheduler, Operations Supervisor or General Manger.

Assigned to Ride: Unit: Assignment Made By: Age of observer:

Age verified by:

CDL – Photocopy included:

Passport – Photocopy included:

Other: _____

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Release and Indemnity Agreement

I, _____, acknowledge that I have requested permission to accompany Sierra Ambulance Service crews in the performance of their duties, both in response vehicles and outside of such vehicles. I have been advised of the various dangers involved in emergency medicine work and specifically advised that ambulances and emergency response vehicles are frequently operated under emergency conditions. I have also been advised that I may be exposed to potential perils of life and limb beyond the control of Sierra Ambulance. NOW, THEREFORE, having been fully advised of the dangers inherent in these activities, and in consideration of the privilege being granted to me by Sierra Ambulance Service to be an observer in a response unit/ambulance, I do hereby, for myself, my spouse, heirs, executor, or administrator, and personal representatives:

- A. Assume full responsibility for any personal injury or any damage to my personal property which may occur directly, or indirectly, while in, on, or about any Sierra Ambulance vehicles, the Sierra Ambulance premises or any part thereof of the Sierra Ambulance complex, or while accompanying any employees of Sierra Ambulance while in the performance of their duties;
- B. Fully and forever release and discharge Sierra Ambulance, it's agents, and employees, from any and all claims, demands, damages, rights of actions, or causes of actions, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of my being in, on, or about any Sierra Ambulance vehicles, or at any or all of the premises or places aforesaid, or while accompanying any employee of the Sierra Ambulance as aforesaid;
- C. Indemnify and hold harmless Sierra Ambulance, it's agents, and employees for any acts or conduct on my part of whatever kind or nature whatsoever, while in, on, or about any Sierra Ambulance vehicle, it's agents, and employees vehicles, or at any or all of the premises and places aforesaid, or while accompanying any such employee as aforesaid;
- D. Agree to defend and to pay any attorney's fees as a result of any action brought by or against Sierra Ambulance, it's agents, and employees, for any acts or conduct on my part of whatever kind or nature whatsoever, while in, on, or about any Sierra Ambulance vehicles, or at any or all of the premises or places aforesaid, or while accompanying any such employee in the course of my ride-a-long.
- E. Agree that it is my intention that this Release and Indemnity Agreement be in full force and effect any time after the execution hereof.

Participant's Signature (date)

Parent/Guardian's Signature – Approval (date)

Dated this _____ day of _____, 20 ____ at _____ o'clock.

WITNESS: _____
Name, Title (and date)

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Rules and Regulations for Ride-a-long Participants

As an observer, you are expected to follow the instruction listed below in order to safeguard yourself and minimize the possibility of interfering with normal activities.

1. All observers shall be at a minimum age of 16 (guardian signature required for observers younger than 18 years) and must demonstrate an active interest in emergency service, either through employment with an emergency service agency or health care provider; or through community involvement or educational experience. Spouses of Sierra Ambulance field personnel may be permitted to ride as well.
2. All observers shall sign a waiver of liability form.
3. Observers must at all times have personal protection gloves on their person, and be aware of the location of personal protective equipment on the unit. Gloves must be worn on all response scenes.
4. Observers are prohibited from performing rope rescue, walking within ten (10) feet of swift moving water, and any other substantially dangerous activity. All observers must wear a life jacket within ten (10) feet of any body of water three (3) or more feet in depth.
5. Observers are not permitted to ride beyond 2200 hours (10:00 p.m.). The only exception is when you are already on a call that came in prior to 2200.
6. Observers are required to be at the designated station at their scheduled time.
7. All observers will be returned to the station at the completion of the Ride-a-long assignment or at any time requested by the participant when reasonable.
8. Audio recorders or cameras, video and still, are not permitted unless prior approval has been obtained.
9. Participants shall not be permitted to carry a weapon while participating in the program.
10. It is desirable to ask questions regarding procedures and activities; however, it must be done at an appropriate time. Observers shall not interfere with the EMT's/Paramedic's activities or duties.
11. Observers shall not participate in any activity unless specifically directed by the crewmember.
12. All observers will be required to wear a company observer identification name tag at all times during the tour.
13. Remember, a Ride-a-long participant rides in the capacity of an observer only and is under complete control of the EMT/Paramedic at all times. Failure to follow these rules and/or the instructions of the EMT/Paramedic will result in the immediate termination of the tour.
14. All participants for the Ride-a-long Program are expected to be dressed in keeping with the standards of Sierra Ambulance.
15. Crews have the right to cancel the tour if the ride-a-long is disruptive or fails to follow directions.
16. Participants will wear the following:
 - White dress shirt or polo shirt.
 - Blue or black slacks.
 - Brown or Black closed toed shoes preferably with ankle support.
 - (Optional) Dark hat without distracting logos or emblems.
 - Visible body brands or tattoos on the face or arms must be covered.
17. Unacceptable clothing:
 - High heels, flip-flops, tank top, skirt, tennis shoes, any clothing with bright or distracting logos, kilts or see through clothing is not acceptable.

If a participant arrives for his/her Ride-a-long and is not properly attired, they will be asked to reschedule the Ride-a-long for another day.

I ACKNOWLEDGE, HAVE READ, AND UNDERSTAND THE RULES AND REGULATIONS OF THE RIDE-ALONG PROGRAM.

Participant's Signature (date)

Parent/Guardian's Signature - Approval (date)

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Observer Copy