



Spirit Lake Fire Protection District

PO Box 116, 32182 N 6th Ave, Spirit Lake, ID 83869

Telephone: (208) 623-5800 Fax: (208) 623-2305

chief@spiritlakefire.com - www.spiritlakefire.com

Ride-Along Program Request

To participate in the Spirit Lake Fire Protection District's Ride-Along Program, the following must be fulfilled:

1. Complete and sign the Ride-Along Program Request
2. Sign the Waiver of Liability*
3. Read and sign the Confidentiality Agreement

*Minors must have the Waiver for minor child signed by a parent/guardian.

Instructions:

1. Riders shall be under the command of the Company Officer.
2. Riders shall remain seated with seatbelt buckled at all times while the apparatus is moving.
3. Riders are allowed to observe operations only from the apparatus, command post, or location directed to by the Company Officer/Incident Commander.
4. While every effort will be made to ensure your safety, District personnel's first responsibility will be to carry out their assigned duties. For everyone's safety, all riders must immediately and without question comply with any orders or directions given by District personnel.
5. Under no circumstances will a rider participate in any operational activity or enter any hazardous area.

Applicant Information:

Full Name: _____ Date of Birth: _____

Home Address: _____ Ph #: _____

Emergency Contact(s): _____ Ph #: _____
(Print Name)

_____ Ph #: _____

What is your interest in participating in the Program? _____

Date you are requesting to Ride-Along: _____ Time(s)? _____

I have read and understand the instructions for the Ride-Along Program of the SLFPD. The above information is true and accurate to the best of my knowledge.

Signature of Applicant: _____

If rider is under 18, the parent/guardian must consent on behalf of the minor and join in the agreement as evidenced by signature:

Parent/Guardian Signature: _____

For District Use Only

Approved by Company Officer: Yes No

Officer Signature: _____

Applicant has completed:

- Waiver of Liability
- Confidentiality Waiver



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Waiver of Liability

Applicant Information:	
Full Name:	Date of Birth:
Home Address:	Ph #:
Do you require any accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe below.</i>	

For and in consideration of the undersigned being given the opportunity to observe the operations of the Spirit Lake Fire Protection District (the "Fire District") by participating in the Fire District Ride-Along Program the undersigned, in order to participate in this program, hereby recognizes and assumes any and all risks pertaining thereto. To that end, the undersigned hereby releases, acquits, discharges, and covenants to hold harmless the Fire District, its elected officials, officers, and all other personnel of the Fire District from any and all actions, causes of actions or claims of liability, damages or injury, in any form whatsoever, whether known or unknown, arising on account of, or in any way growing out of, the undersigned's participation in the Fire District Ride-Along Program. The undersigned further agrees that this Waiver of Liability shall forever discharge any and all claims of liability of his/her heirs, dependents, and assigns.

In executing this Waiver of Liability, the undersigned acknowledges and agrees that participation in the Spirit Lake Fire District's Ride-Along Program can be physically demanding and working on/around heavy equipment, even with supervision, involves the potential, however slight, for serious injury and/or death. The undersigned agrees that participation in this program is a personal choice and by choosing to participate assumes the risks involved.

Examples of activities that may be performed in this program include, but are not limited to, climbing ladders, handling charged hoses, riding in fire apparatus, lifting heavy objects, responding to emergency situations, and other typical duties associated with a career in the fire service. It is also understood that the possibility exists that tragic events and/or accidents may be witnessed if riding along on an emergency call. While the Spirit Lake Fire District will provide reasonable supervision and accommodations, as well as take all reasonable safety precautions, it is understood that the Fire District, its elected officials, officers, and all other personnel make no guarantee of safety for the undersigned during this program.

Participant's Signature: _____

Date: _____

Date of Ride-Along: _____

Witnessed by SLFPD: _____

(Signature)

(Print Name)



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Waiver of Liability for Minor Child

Applicant Information:	
Full Name:	Date of Birth:
Home Address:	Ph #:
Does the child require any accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe below.</i>	

For and in consideration of _____, a minor, being given the opportunity to observe the operations of the Spirit Lake Fire Protection District (the "Fire District") by participating in the Fire District Ride-Along Program the undersigned, as said minor's parent/legal guardian, hereby releases, acquits, discharges, and covenants to hold harmless the Fire District, its elected officials, officers, and all other personnel of the Fire District from any and all actions, causes of actions or claims of liability, damages or injury, in any form whatsoever, whether known or unknown, arising on account of, or in any way growing out of said minor's participation in the Fire District Ride-Along Program. The undersigned further agrees that this Waiver of Liability shall forever discharge any and all claims of liability or right of action for damages arising out of said minor's participation in the Spirit Lake Fire District Citizen Ride-Along Program that said minor may now have or may hereafter acquire, either before or after s/he has reached the age of majority.

In executing this Waiver of Liability, the undersigned acknowledges and agrees that participation in the Spirit Lake Fire District's Ride-Along Program can be physically demanding and working on/around heavy equipment, even with supervision, involves the potential, however slight, for serious injury and/or death. The undersigned agrees that participation in this program is a personal choice and by choosing to allow said minor to participate assumes the risks involved.

Examples of activities that may be performed in this program include, but are not limited to, climbing ladders, handling charged hoses, riding in fire apparatus, lifting heavy objects, responding to emergency situations, and other typical duties associated with a career in the fire service. It is also understood that the possibility exists that tragic events and/or accidents may be witnessed if riding along on an emergency call. While the Spirit Lake Fire District will provide reasonable supervision and accommodations, as well as take all reasonable safety precautions, it is understood that the Fire District, its elected officials, officers, and all other personnel make no guarantee of safety for the undersigned during this program.

Parent/Guardian Signature: _____

Date: _____

Date of Ride-Along: _____

Witnessed by SLFPD: _____

(Signature)

(Print Name)



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Confidentiality Agreement

CONFIDENTIALITY POLICY

Scope

Given the nature of Fire/Rescue, it is imperative that the confidentiality of patient information be maintained at all times by all persons employed, volunteering or participating in District-approved activities, hereinafter referred to as “personnel.”

Purpose

This policy prohibits confidential information as defined by the Federal government (e.g. Health Insurance Portability & Accountability Act) from being accessed, disclosed, or released in any format (e.g. written, electronic or orally) to or by any person/entity that does not have a “need to know” without the proper consent of the individual/patient involved and the District.

Procedures

1. Situations in violation of the policy include, but are not limited to:
 - a. “Loose” talk among personnel regarding medical information about any patient or fellow employee.
 - b. Allowing unauthorized access on District computers to confidential patient information or employee personal information.
 - c. Sharing of information acquired by personnel in the course of their work or District-approved activity to others who do not have the need to have the information; accessing information that the individual doesn’t have the authority to access in the course of their work or District-approved activity or doesn’t have a need to know to carry out their job duties.
 - d. Sharing of information relative to confidential Human Resources matters.
 - e. Discarding confidential documents in non-secured waste receptacles.
2. Patient information must not be accessed, removed, discussed with, or disclosed to unauthorized persons, either within or outside the District, without the proper consent of the patient and the District.
3. Personnel may not access, release or discuss the medical information of other personnel without proper consent, unless personnel must do so to carry out specific assigned job functions.
4. Personnel will at all times protect the privacy and confidentiality of the information entrusted to their care. Violation of this policy is cause for disciplinary action up to and including dismissal.

I have read and understand the Spirit Lake Fire Protection District’s Confidentiality Policy. I understand that by participating in the Ride-Along Program, I must hold patient, personnel and District information in confidence. I further understand that violations of this policy are cause for exclusion from any future participation in the District Ride-Along Program.

Participant’s Signature: _____ Date: _____