



# ***CENTRAL KITSAP***

## ***FIRE & RESCUE***

Thank you for your interest in our Ride-Along Program. Central Kitsap Fire and Rescue allows members of the community and students eighteen (18) years of age and older to participate in a Ride-Along program with on-duty emergency crews. This program will acquaint community members with the emergency services provided by the Fire District. The District's Ride-Along program may not be feasible for everyone. Riders must have the physical ability to rapidly mount and dismount apparatus to prevent delays in emergency response. Riders must also be able to withstand weather variations common to Washington State for a significant period of time. The Fire District will attempt reasonable accommodations to allow the ride-along to occur. However, if unable to allow the ride-along due to physical limitations, CKFR will then strive to accommodate informational station tours or other appropriate substitutes, if so desired.

To schedule a ride-along please review the Ride-Along Program SOP 2-18 and submit a signed copy of the following.

1. Form 1027- Request for Ride-Along
2. Form 1028- Agreement Assuming Risk of Injury or Damage Waiver and Release of Claims and Indemnity Agreement (Ride-Along Waiver)

Forms may be emailed, mailed or dropped off at our Headquarters at 5300 NW Newberry Hill Road, Silverdale, WA 98383. [ridealong@ckfr.org](mailto:ridealong@ckfr.org)

Upon receiving the signed forms we will contact you to arrange a date and time for the ridealong.

Thank you again for your interest.



REQUEST FOR RIDE-ALONG

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for participating in Ride-Along Program: \_\_\_\_\_

Emergency Contact (address and phone number): \_\_\_\_\_

Availability: \_\_\_\_\_

PERSONAL BACKGROUND:

- 1. Have you ever been convicted of a crime? Yes [ ] No [ ]
2. If yes, please explain \_\_\_\_\_
3. Are you presently on parole or probation? Yes [ ] No [ ]
4. If yes, please explain \_\_\_\_\_

THE ABOVE INFORMATION WILL BE VERIFIED PRIOR TO YOUR PARTICIPATION, AND KEPT CONFIDENTIAL

I acknowledge and provide consent to Central Kitsap Fire and Rescue to conduct a check through appropriate informational resources to verify the information provided.

I understand that false statements or misrepresentations made by me shall permanently disqualify me from participation in the Ride-Along Program with Central Kitsap Fire and Rescue. I agree not to discuss names of persons involved in fire/EMS cases and understand that I am considered a confidant of Central Kitsap Fire and Rescue. I have read, understand, and I agree to abide by Central Kitsap Fire and Rescue SOP 2-18 Ride-Along Program and Form 1028 Agreement Assuming Risk of Injury or Damage Waiver and Release of Claims and Indemnity Agreement (Ride-Along Waiver).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# ***CENTRAL KITSAP*** ***FIRE & RESCUE***

## AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

WHEREAS I, \_\_\_\_\_, being eighteen years of age or older and not being a member of Central Kitsap Fire and Rescue (“Fire District”), have made a voluntary request to ride in a vehicle assigned to the Fire District and to accompany a member or members of the Fire District during the performance of their official duties (“Ride-Along Program”); and

WHEREAS, the Fire District is willing to allow me to ride in a Fire District vehicle and to participate in the Ride-Along Program on the terms and conditions stated herein.

NOW, THEREFORE, in consideration of the permission given to me to ride in a Fire District vehicle and to accompany a member(s) of the Fire District in the performance of their official duties, I do hereby agree as follows:

1. I am aware that the work of the Fire District is inherently dangerous and that I may be subjected to the risk of personal injury or death or property damage by accompanying a member(s) of the Fire District during the performance of their official duties. I freely, voluntarily, and with such knowledge, assume all risks of personal injury, death and property damage arising from, or in any way connected with any act or accident by any person including a member(s) of the Fire District while I am participating in the Ride-Along Program. Such act or accident could include, but is not limited to, automobile collision, fire, explosion, gas, electrocution or the escape of radioactive substances, use of weapons, unlawful acts or forcible resistance by suspected law violators, assault, riot, or breach of the peace. I agree to release and hold harmless the Fire District, its officers, employees, contractors and agents, and any and all of their sureties for all liability for injuries, death and property damage to myself, my heirs or anyone arising from or related to or any way connected with this Agreement or my participation in the Ride-Along Program, including all liability arising from any act, whether or not an act of passive or active negligence, by any person including a member or members of the Fire District, or arising out of strict liability. I further agree to defend, indemnify, and hold harmless the Fire District from all liability, losses, claims, suits, or causes of action arising from any injury, disability, death, or property damage to myself, my heirs or anyone to the extent arising or resulting directly or indirectly from any act or omission by me.
2. I understand that my participation in the Ride-Along Program is a matter of public record and will not be kept confidential, and that I may be required to testify in a court of law or other proceedings regarding matters occurring during my participation in the Ride-Along Program.
3. Unless prior approval in writing by the Fire Chief, cameras, tape recorders, other recording devices are prohibited and that I will not carry or use any such item while participating in the Ride-Along Program.

#### 4. Acknowledgement of HIPAA obligations

I understand that it is the intent of the Fire District to safeguard and protect the privacy and security of its applicants', employees' and patients' "protected health information" as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I understand that "protected health information" includes individually identifiable information, maintained or transmitted through any medium, relating to an individual's past, present, or future physical or mental health or healthcare. Health information is considered individually identifiable if it either identifies a person by name or creates a reasonable basis to believe the individual could be identified (through identifiers such as address, Social Security number, dates of service, telephone number, email address, or vehicle identification number).

In the course of my Ride-Along experience with the Fire District, I understand that I may come into contact with protected health information of applicants, employees, and patients. In consideration for my being allowed to ride-along with CKFR, I hereby agree that I will not at any time (either during my assigned time with the Fire District, or any time thereafter) access, use, or disclose to any person or entity, and protected health information of the Fire District's applicants, employees, or patients.

I further understand it is the policy of the Fire District to ensure the confidentiality, integrity, and availability of protected health information entrusted to the Fire District by its applicants, employees, and patients by protecting those assets from unauthorized access, alteration, deletion, or unauthorized transmission and to ensure their physical security.

In consideration for my being allowed to ride-along with the Fire District, I further agree that I will not make any unauthorized transmission, alteration, deletion, or unauthorized access of protected health information. Such unauthorized transmission includes, but is not limited to, removing and/or transferring protected health information in CKFR's computer system to an unauthorized location.

I understand that these privacy and security obligations apply, regardless of the manner in which I acquired the protected health information, whether it was communicated verbally, in writing, electronically, or in any format, and regardless of whether it was communicated directly to me or intended for my access. I understand that this obligation survives the completion of my ride-along experience with CKFR no matter the circumstances whereby my experience is completed.

I understand that the unauthorized access, use, disclosure, alteration, deletion, or unauthorized transmission of protected health information in violation of this policy may subject me to immediate removal from all CKFR facilities or apparatus. I also understand that violating the privacy and security rights of an individual's protected health information, as referenced under HIPAA, may also result in the imposition of civil/and criminal penalties and other sanctions provided by federal and state laws.

**By signing below, I acknowledge that I have carefully read this form and understand my obligations as an individual and ride-along applicant of the Fire District and agree to the above terms of my own free will.**

RIDE-ALONG APPLICANT'S PRINTED NAME:

\_\_\_\_\_

RIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_