

S.V.F.D. Ride-a-Long Application

From the Chief,

Thank you for your interest in learning what it is like to be a Smithfield Firefighter. Here within the Smithfield Volunteer Fire Department, we are steeped in tradition and very proud of our history. I would like to personally express my gratitude for you spending your personal time to visit our department and encourage you to learn as much as you can while you are here, and if you are considering becoming a member of our great department, please feel free to fill out an application packet and take the next step.

Within this packet is a ton of information. I encourage you to read everything completely and fill out all relevant information. If you have any questions regarding this packet or our department in general, please seek out one of our members, so that your questions can be answered.

Again, thank you for your interest, I hope that you enjoy your stay with us and that you spread the word of the great things being done right here in the Smithfield Volunteer Fire Department!

H. Jerry Hackney

Fire Chief

S.V.F.D. Ride-a-Long Application

Contact Information

Full Legal Name	
Home Address	
City, State, ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Date Of Birth	
Gender (circle):	Male Female
Place of Employment or School	
Position/Title or Major Study	
Place of Employment or School Address	
Date requesting "Ride-Along"	
Time requesting "Ride-Along"	
	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list offense, location and date:
Have you ever been arrested?	

Reason for ride-a-long request:

How did you hear about our department?

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Emergency Contact:

Name/Relation	
Street Address	
City, State, ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature:

I have read, understand and swear to abide by the rules of conduct and ride-a-long procedures as expressed in this document. I also affirm that the information that I have provided is true and accurate to the best of my knowledge.

Name (printed)	
Signature	
Legal Guardian Name (Printed) if under 18	
Legal Guardian Signature	
Date	

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Rules of Conduct:

All participants in the Ride-a-Long Program will abide by the following rules of conduct. Additionally, participants are subject to follow instructions given by members of the department as necessary.

- No firearms or other weapons may be brought onto department property or carried during the ride along.
- No alcoholic beverages or drugs are to be brought onto department property nor consumed prior to the ride along scheduled. The smell of alcoholic beverages or marijuana, ETC, on the breath will result in dismissal from department property.
- Participants shall wear a seat belt as per State Law and Department policy.
- Participants shall carry a valid Driver's license or identification with them during the ride-along at all times.
- At no time will ride-along/observer(s) be permitted to take pictures, use a video camera or any other audio visual recording device while on the scene of an incident. Requests for media ride-along will be dealt with separately through the Fire Chief.
- Ride-Along/Observer(s) will treat private health information as strictly confidential. Disclosure of private health information outside of the organizations who are working with the patient is strictly forbidden. No response documents or copies, on which individually identifiable information such as name, address, SSN, ETC shall be removed, disclosed or transmitted off site.
- Use of tobacco products is not permitted in any station or apparatus.
- Ride-Along participants will be responsible for bringing his/her own meals or can make arrangements to buy-in meals with officer in charge.

Please initial here to confirm your understanding of the above rules of conduct:

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HIPPA Agreement:

Please read the below agreement:

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 limits departmental disclosure of the protected health information of any patient to specific uses such as the provision of treatment or other health care services, for billing and payment purposes, and for health care operational purposes. Additionally, the department is authorized to release health information for a number of specialized purposes (to assist in the prevention or control of public health risks, selected assistance to law enforcement agencies, assistance to federal officials in the interests of national security, etc.). As a participant in the department's Ride-Along Program, you are specifically prohibited from discussing individual patients, their treatment, and any other information that could be utilized to identify these patients with anyone except those departmental personnel who will be conducting your ride along activities. Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by law. Should special circumstances necessitate that you utilize or disseminate such information (e.g. school reports, patient reports); the Smithfield Volunteer Fire Department, Inc. will assist you in ensuring that the material is in such form that it cannot be utilized to identify a specific incident. No health-related information may be utilized without review and subsequent authorization of the Fire Chief or his designee. As a participant in the Smithfield Volunteer Fire Department Ride-Along Program, I understand the restrictions outlined above and I agree to abide by the requirements of this agreement. I understand that I may be subject to civil or criminal penalties should I violate the prohibitions set forth in the Health Insurance Portability and Accountability Act of 1996.

Please initial here to confirm your understanding of the above HIPPA Agreement:

For Department Use Only

Approved:

[] Yes

[] No

Signature of Chief Officer: _____

Date: _____