



BENTON COUNTY FIRE PROTECTION DISTRICT #2

P.O. Box 719, Benton City, WA. 99320
Station 210: 1304 Dale, Station 220: 49504 N. Whitmore P.R N.W
Phone: 509-588-3212 Fax: 509-588-4343

Ride-Along and Community Service Program Agreement and Waiver

- Programs: Citizen Ride-Along, Event: _____
 Citizen Ride-Along, Employment Application (two 12 hour rides)
 Training, EMT, Paramedic Ride-Along Community Service

Applicant's/Participants Name (first, last): _____

Parent/Guardian's Name, if applicable: _____

Date of Birth (DOB): _____ Driver License #: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____ Phone: _____

Any Medical Conditions: _____

Emergency contact: _____

Name	Relationship	Phone
<p>1. Start Date: _____ End Date: _____ 2. Start Date: _____ End Date: _____</p>		

As a ride along with a Benton County Fire District #2 (BCFPD 2) crew members in an emergency response vehicle. A ride-along participant shall not participate in any emergency activity. A ride-along participant rides in the capacity of an observer only and is under the complete control of the fire officer at all times.

In consideration of this application I agree to the following:

1. I am participating as a civilian and strictly prohibited from performing any emergency medical or firefighting functions.
2. I will not divulge any confidential information that I learn while participating in the ride along program. I will read and complete the attachment, HIPAA Privacy Rule Confidentiality Agreement.
3. I will remain in the vehicle at all times unless directed by the fire officer in charge.
4. I am aware of the inherent risks involved and I freely and knowingly assume all risks to my person and/or property.
5. I am 18 years of age or older. If younger, this agreement is completed by parent/guardian.
6. That I, my heirs, executors and assigns indemnify and hold harmless BCFPD 2, and any of its employees, for any claims, amounts and/or damages that may arise from my conduct while I am participating the Ride Along Program.

I acknowledge that I have read this entire agreement and that I understand its legal effect.

Signature

Date

Signature of Parent/Guardian if participant under age 18:

Name (printed)

Signature

Date

Fire Chief /Approved Officer Signature

Date