



Burtonsville Volunteer Fire Department Ride Along Fact Sheet

What is a Ride Along?

A Ride Along is when you come to the station for a period of time to observe how our station operates, and to ride on emergency equipment while they are responding to calls.

What is Required to Participate on a Ride Along?

1. You MUST complete the *Visiting Rider Waiver Form* and have it approved by one of the Volunteer Officers prior to performing the Ride Along. You can do this the same day/evening that you come in to do it. If you are under 18 years old, the form must also be signed by your parent or legal guardian.
2. You must begin the Ride Along no later than 8:00 p.m.
3. You must adhere to the following dress code:
 - Full Length dark pants or jeans without tears
 - Sturdy and supportive close-toed shoes or boots with less than a one inch heel
 - Shirt with sleeves (no inappropriate graphics, etc).
 - No weapons of any kind, cameras, or video recording devices

What is Required During a Ride Along?

1. When you arrive for a Ride Along, you must report to the Volunteer Officer in Charge, or a pre-designated member, and provide them with your completed *Visiting Rider Waiver Form*.
2. For safety reasons, you must always follow the direction and instruction of BVFD personnel while on calls or in the station.
3. When on an emergency incident, you are strictly an observer. You may not speak to a patient or participate in their care in any way. After the call, you may ask BVFD personnel questions about what you observed.
4. Patient Confidentiality must be maintained. Any information regarding a patient is strictly confidential and must not be discussed with anyone after the Ride Along experience.
5. When riding in any apparatus, the wearing of the vehicle seat belt is mandatory.
6. Tobacco usage is not permitted while riding, or anywhere inside the station.

What Else do I need to Know?

Parking—please use the designated striped parking spaces to the rear of the building and be sure to lock your vehicle. If the engine bays are not open, you will need to enter the station from the front door.

Some Ride Along periods can conclude without any emergency incidents. If so, you may wish to schedule a second ride along.

The Burtonsville Volunteer Fire Department reserves the right to terminate any Ride Along due to extreme weather, unusual call load, non-compliance with professional conduct or dress, or other unforeseen events.



Waiver Agreement: For "Ride Along" on BVFD Apparatus

Date of Ride Along: _____

DOB: _____

Visiting Rider Name: _____

Male Female

Address: _____

Telephone(s): (H) _____ (Cell) _____

Email: _____

General Guidelines:

1. Ride Along opportunities begin at 7:00 pm, and start no later than 8:00 pm.
2. Dress code: Full Length dark pants or jeans without tears; Sturdy and supportive close-toed shoes or boots with less than a one inch heel; Shirt with sleeves (no inappropriate graphics, slogans, etc).
3. No weapons of any kind, cameras, or video recording devices are permitted. No images may be capture via cell phone. No images from emergency incidents may be posted to any form of social media.
4. Report to the Volunteer Officer in Charge, or a pre-designated member, and provide them with this completed Form.
5. For safety reasons, you must always follow the direction and instruction of fire rescue personnel while on calls or in the station.
6. When on an emergency incident, you are strictly an observer. You may not speak to a patient or participate in their care in any way. After the call, you may ask BVFD personnel questions about what you observed.
7. Patient Confidentiality must be maintained. Any information regarding a patient is strictly confidential and must not be discussed with anyone after the Ride Along experience.
8. The wearing of the vehicle seat belt in mandatory.
9. Tobacco usage is not permitted while riding, or anywhere inside the station.
10. Please use the designated striped parking spaces to the rear of the building. If the engine bays are not open, you will need to enter the station from the front door.
11. Some Ride Along periods can conclude without any emergency incidents. If so, you may wish to schedule a second ride along.

The Burtonsville Volunteer Fire Department reserves the right to terminate any Ride Along due to extreme weather, unusual call load, non-compliance with professional conduct or dress, or other unforeseen events.

Person desiring to ride must sign the following waiver, prior to riding. Persons under the age of 18 must have form co-signed by his or her parent or legal guardian.

By signing this waiver, I hereby now and forever, release the Burtonsville Volunteer Fire Department, Inc.; all of its members, administrative and line officers, including the Chief and President, and the Montgomery County Government; from any liability for injury or death that might result from any activities associated with my riding on emergency apparatus. I further agree to adhere to the rules of the BVFD and Montgomery County Fire Rescue and to follow all lawful instructions given to me. I hereby certify that all of the above information is true and that I am signing this form after having read and understanding it, in its entirety.

I authorize a criminal record check be completed in compliance with the guidelines of this program. I understand that the full name, sex, and date of birth information recorded on this form is required to check my criminal record.

- Yes No Are you affiliated with any public safety agency/organization?
- Yes No Are you currently seeking Membership with the Burtonsville Volunteer Fire Dept.?
- Yes No Are you affiliated with any new media outlet?
- Yes No Are you currently under a doctor's care?
- Yes No Are you currently taking any medications?
- Yes No Have you ever been arrested?

Organization/Affiliation: _____

Related Fire, Rescue or EMS Training: _____

X _____
Signature of Person Riding Along

X _____
Signature of Witness / Date

X _____
Signature of Legal Guardian
If under 18 years of age.

X _____
Signature of Witness / Date

Copy of Driver's License attached.

Cursory Background Check Completed

Printed Name and Authorizing BVFD Representative/Officer

Title/Position

Authorizing Signature

Date



FOR BVFD USE ONLY

Did Visiting Rider participate in an incident call on this date? Yes No

If yes, what type of incident(s)?

Did Visiting Rider follow all instructions and handle themselves appropriately? Yes No

Additional Comments: _____

Did Visiting Rider tour the station and interact with other Members? Yes No

Additional Comments: _____

Name and BVFD Member observing ride along on calls:

Printed Name of BVFD Officer/Member

Title/Position

****Please return completed form to Ms. Miles' copy room Inbox****



MONTGOMERY COUNTY FIRE AND RESCUE SERVICE

Isiah Leggett
County Executive

Scott Goldstein
Fire Chief

Montgomery County Government
(Fire and Rescue Service)

Release and Indemnification Agreement

The Ride-Along (Observer) Program of the MCFRS is understood by me as one inherently dangerous and one in which I may well be exposed to substantial danger at any or all times of my participation or preparation for participation in said program and that I am assuming all risks thereby.

I expressly acknowledge having read this Contract and understand all its terms. I further acknowledge that I have executed it voluntarily for consideration and with full complete knowledge of its signature. I further agree to indemnify the Montgomery County Government, the Montgomery County Fire and Rescue Service, its agents, and employees and others listed above for all costs, counsel fees, judgments, settlements, other expenses in the event that any claim or result of damage or injury to any person (including myself) or property arising out of my participation in any manner in the Ride-Along Program. I agree to forthwith obey all instructions and to abide by all rules and regulations of the MCFRS and Fire Rescue Commission, in general.

IN WITNESS WHEREOF, I execute this Contract, the day and year first written, in Montgomery County, Maryland with full knowledge of its terms, and content. I further acknowledge that this Release and Indemnification Agreement is the complete and total understanding of the parties and that it has not been nor may it be modified, amended, changed or withdrawn by an oral understanding by any person, under any circumstance.

Date

Ride-Along Participant

Date

Parent/Guardian (If Participant Is Under 18 Years of Age)

Date

Witness

Office of the Fire Chief

100 Edison Park Drive, 2nd Floor • Gaithersburg, Maryland 20878-3204 • 240-777-2486 • 240-777-0725 TTY • 240-777-2443 FAX

www.montgomerycountymd.gov

Your Duty to Protect Client Information under HIPAA and other Privacy Laws

- **Why do we need to protect health and other personal information about the people served by Montgomery County Fire and Rescue Service (MCFRS)?** The County is committed to protecting the privacy of the people it serves, and these people have a legal right to expect privacy in the way their personal information is used. The Health Insurance Portability and Accountability Act (HIPAA) and the Maryland Confidentiality of Medical Records Act protect the confidentiality of health information for people served by the County's Fire and Rescue Services.
- **How does this apply to me?**
While participants are riding along with Montgomery County Fire and Rescue Service, they are obligated to comply with the same HIPAA requirements as our personnel. This means:

Participants may not disclose any information they have seen, heard or observed during their ride along. This includes, but is not limited to, disclosing information to family and friends.

Ride along participants **must not photograph or record, any individuals** while participating in the ride along.
- **What information is confidential?** All identifying information about the people served by MCFRS is confidential, regardless of whether it is heard, seen, written or electronic. For example, a patient's name, address, medical condition, medication usage, or even just the fact that they were served by Fire and Rescue Services, must be treated as confidential information and not shared with anyone. Photographic images and recordings are also identifying confidential information.
- **What happens if I disclose confidential information?** If you violate privacy and confidentiality laws, you may put the County and yourself at risk for fines, penalties and lawsuits. In certain circumstances, there can be criminal penalties, including incarceration.

My obligation:

By participating in this ride along, I understand I am obligated to comply with all laws and regulations that protect the privacy of health and other personal information.

My obligation under HIPAA has been explained to me by MCFRS personnel.

I agree to comply with all laws and regulations that protect the health and other personally identifiable information about people being served by MCFRS.

Date

Ride-Along Participant Signature

Date

Parent/Guardian Signature (If Participant Is Under 18)

Date

Name of MCFRS Personnel and Rank