

KING GEORGE COUNTY
DEPARTMENT OF FIRE, RESCUE
& EMERGENCY SERVICES

ADMINISTRATION
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King George County Department of Fire, Rescue and Emergency Services

RIDE-ALONG PROGRAM – APPLICATION

Applicants for the Ride-Along Program status must complete the following:

1. Ride-Along Program Application
2. Ride-Along Program Waiver & Release
3. Confidentiality Agreement

The Application, Waiver & Release and Confidentiality Agreement must be completed by all persons requesting to participate in the Department of Fire, Rescue and Emergency Services (“Department”) Ride-Along Program (“Program”).

If the applicant is under 18 years of age, the applicant and a parent or legal guardian must co-sign all documents indicating they have read, understood and agreed with the conditions placed on their child’s participation in this Program

No application will be processed unless all documents are fully executed.

Once the application has been processed, the applicant will be contacted by telephone prior to the requested ride-along date and informed if the application was approved. All telephone notifications are to be made to the telephone number indicated on weekdays during the hours of 8:00 a.m. to 4:30 p.m.

This Program is voluntary and is conducted in the interest of public interest and education. The Department reserves the right to exclude, limit and/or terminate any person from participation in this Program at its sole discretion.

Full Name: _____

Home Address: _____

Date of Birth: _____ Social Security #: _____

Home Telephone: _____ Work Telephone: _____

Email Address: _____

Are you a member of a civic association or business employee? _____

Are you a student of an EMS Program? _____

If yes, give name and position in organization: _____

If yes, please provide contact information for the EMS Program: _____

Reason you request to ride: _____

Date you request to ride: _____ Hours of ride: _____

Position requested: _____

Have you previously ridden with this department? Yes ___ No ___ Number of times: _____

Have you previously been refused participation in this program? Yes ___ No ___

Approximate date of refusal: _____

Reason for refusal: _____

In the event of an emergency, the following person(s) may be contacted:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

I affirm that the information provided in this application is true and correct to the best of my knowledge and belief:

Signature (Notary required): _____ Date: _____

Telephone: (Home) _____ (Work) _____

***IF APPLICANT IS UNDER 18 YEARS OF AGE, THE INFORMATION BELOW IS REQUIRED:**

I am the parent or legal guardian of _____,
who is requesting to participate in the Ride-Along Program of the George County Department of Fire,
Rescue, and Emergency Services. I hereby give my permission for _____
to participate in the Ride-Along Program and agree to all the terms set forth above.

I have read and understood all of the terms and conditions of the Application, Waiver & Release,
Confidentiality Agreement and other Program documents; and I have reviewed them with my child. I agree
to these terms and request permission for my child to participate in the Program.

(Signature of Parent or Guardian – Notary required) (Date)

COMMONWEALTH OF VIRGINIA,
COUNTY OF KING GEORGE, to-wit:

The foregoing Ride-a-Long Program Waiver & Release was acknowledged before
me this ____ day of _____, 20__, by:

My commission expires: _____ Reg. #: _____

NOTARY PUBLIC

**King George County
Department of Fire, Rescue, and Emergency Services**

RIDE-ALONG PROGRAM - APPLICATION

WAIVER & RELEASE

In consideration of the County of King George and King George County Department of Fire, Rescue, and Emergency Services ("Department") granting me and/or my child permission to accompany a member of the Department as a participant in the Ride-Along Program ("Program"), I, on behalf of myself and/or my child, hereby waive any and all risks of harm and liability for damages, losses, personal injuries or death and/or property damages which I and/or my child might suffer, sustain or cause while participating in the Program. I further waive any and all claims, demands, actions, damages, or suits of law or equity of whatever nature which I and/or my child have or may ever have against the County of King George, the Department, and its or their elected officials, officers, volunteers, employees, departments, Offices and agents of all kinds, as a result of and/or in a way connected with my voluntary participation in the Program; and I hereby hold harmless such persons and entities.

I and/or my child further agree to hold the County of King George, the Department, and its or their elected officials, officers, volunteers, employees, departments, Offices and agents of all kinds, harmless, to pay all damages and to defend them against all claims of any kind, wherever and whenever brought or asserted; as a result of and/or in a way connected with my voluntary participation in the Program.

I further agree that I and/or my child will comply with all rules and regulations of the Program and any instructions or orders issued by members of the Department in connection with the Program. I certify that I and/or my child are fully aware of the risk involved in accompanying an employee during the performance of his/her duties.

I hereby acknowledge that I and/or my child fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part.

Date: _____
(Signature – Notary required)

(Print Name)

(Street Address)

(City, State & Zip)

COMMONWEALTH OF VIRGINIA,
COUNTY OF KING GEORGE, to-wit:

The foregoing Waiver of Civil Liability & Indemnification Agreement

was acknowledged before me this ____ day of _____, 20__, by:

_____.

My commission expires: _____ Reg. #: _____

NOTARY PUBLIC

Approved:

_____ Observation Only

_____ Supervised Participation

Training Officer/Assistant Training Officer

Date

Confidentiality Agreement

I _____ and/or my child understand that King George County Department of Fire, Rescue and Emergency Services (“Department”) provides emergency and medical services to patients that are private and confidential and are protected by a host of local, state and/or federal laws.

I and/or my child understand that I may obtain personal patient information and that such information may exist in a variety of forms such as electronic, oral, written or photographic. I and/or my child understand and agree to keep all such information strictly confidential and protected from improper use and disclosure.

I and/or my child will comply with all confidentiality and security policies and procedures set in place by the Department. If at any time I and/or my child knowingly or inadvertently breach the patient confidentiality or security policies and procedures, I and/or my child agree to notify the Privacy Officer of the Department immediately.

I and/or my child also understand that I and/or my child may be exposed to other confidential or proprietary information of the Department and/or law enforcement and I and/or my child agree not to reveal any of that information to anyone at any time.

I and/or my child have been given an overview of the privacy policies and procedures and have been given access to review those policies. I and/or my child agree to abide by all policies or my privilege to participate in clinical activities or to otherwise observe Department activities will be terminated.

Signature: _____ Date: _____

Name: _____