



GREAT BEND FIRE DEPARTMENT RIDE-ALONG PROGRAM APPLICATION AND LIABILITY/CONFIDENTIALITY WAIVER

Please complete and submit this form after reading the ride-along program rules to apply for the Great Bend Fire Department's Ride-Along Program. Applications must be submitted to:

**Great Bend Fire Department
Attn: Ride-Along Program
1205 Williams Street
Great Bend, Kansas 67530**

You may contact the Great Bend Fire Department at (620) 793-4140 prior to the requested ride-along date to verify application approval.

This program is voluntary and conducted in the interest of operational assessment. The Great Bend Fire Department reserves the right to limit or exclude any person from participation in the program when it is deemed that the person's participation would not be in the best interest of the department, any of its individual members, the public, or when it may be reasonably construed that a conflict of interest may exist between the applicant and the Department or its mission.

FIRST NAME _____

MIDDLE INITIAL _____

LAST NAME _____

DATE OF BIRTH _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

HOME/CELL NO. _____

WORK NO. _____

REQUESTED RIDE-ALONG DATE _____

WHY DO YOU WISH TO PARTICIPATE IN THE GREAT BEND FIRE DEPARTMENT RIDE-ALONG PROGRAM? _____

HAVE YOU PREVIOUSLY PARTICIPATED IN A RIDE-ALONG WITH THE GREAT BEND FIRE DEPARTMENT?

- YES
- NO

HAVE YOU EVER BEEN ARRESTED?

- YES
- NO

REFERENCE _____ PHONE NO. _____

PHONE NO. _____

I, _____, hereby request to ride in the Great Bend Fire Department vehicle with a Firefighter/EMT. I am aware that during this EMS or rescue participation, certain risks and dangers may occur including, but not limited to, vehicle accidents, unforeseen dangerous incidents and forces of nature. In consideration of the right to participate in Fire/Ambulance functions which occur during the time(s) I am riding, I have and hereby do assume all the above mentioned risks and will hold the City of Great Bend, Kansas, and the Great Bend Fire Department and its individual employees, including but not limited to, the Firefighter/EMT I am assigned to ride with, harmless from any liabilities and injuries I may receive. The terms hereby shall serve as a release of an assumption of risk for my Heirs, Executors and Administrators and all members of my family, including minors. This waiver of liability will be considered applicable until _____.

PRIVACY

I have been advised of the obligations of the Great Bend Fire Department relative to the Health Insurance Portability and Accountability Act (HIPAA). I understand that disclosure of protected health information without the written consent of the patient will subject me to civil penalties under the federal law. Further, I understand that it is not the intent of the Great Bend Fire Department to release protected health information to me; however, I may become aware of individually identifying patient information, including but not limited to, birth date, social security number, name, address, telephone number, or anything else that could specifically identify an individual. I agree to keep the information confidential and not to disclose this information to any other person or entity at any time during or after my ride-along.

By signing this document I hereby give the Great Bend Fire Department permission to do a criminal record check on me. If a criminal record check is deemed necessary I will provide the required information to the Great Bend Fire Department. If I refuse to provide the required criminal record check information I understand that my application will not be considered.

I have carefully read the Great Bend Fire Department Ride-Along Program rules and the Great Bend Fire Department Ride-Along Program Application and Liability/Confidentiality Waiver and understand its contents.

(Parent/Guardian) I, _____, have carefully read the Great Bend Fire Department Ride-Along Program rules and the Great Bend Fire Department Ride-Along Program Application and Liability/Confidentiality Waiver and understand its contents. I further agree to its provisions as they apply to my son/daughter and I agree to assume full responsibility for my son/daughter, as it would pertain to the provisions above.

APPLICANT SIGNATURE _____ DATE _____

PARENT/GUARDIAN
SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____

WITNESS SIGNATURE _____

COMMANDING OFFICER/SUPERVISOR
APPROVING SIGNATURE _____

DATE _____

DATE _____

DATE _____

DATE _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT NO. _____