



SOUTH HOLLAND FIRE DEPARTMENT

16230 Wausau Avenue • South Holland, IL 60473 • Phone: 708-331-3123 • Fax: 708-210-1171

To: Ride Along EMS Students
From: Dave P gwgu"-EMS Coordinator
Subject: South Holland Fire Department,
EMS Ride-Along Program

The South Holland Fire Department will provide “ride time” on our ALS ambulance for both EMT and Paramedic students that are members of a fire department. We will also provide “ride time” for Nurses.

You will need to complete these following requirements before scheduling your ride time:

1. Complete a South Holland Fire Department Ride Along packet.
2. Return a signed Background Authorization Form.
3. Obtain a letter from your program sponsor indicating that you can participate in the program.
4. You must sign the Release of Liability.
5. You must sign that you have read and understand the Ride-Along Rules and Regulations.

Thank you for your interest in this program at the South Holland Fire Department. If you have any questions, you can contact Dave P gwgu - EMS Coordinator at 708-331-3123.



THIS RELEASE BELOW MUST BE SIGNED BY THE PARTICIPANT AND WITNESSED BEFORE STARTING RIDE-ALONG PROGRAM.

RELEASE OF LIABILITY

For and in consideration of the undersigned being given the opportunity of observing medical operations and functioning at their current level of training with the South Holland Fire Department by riding in an ambulance, or any other equipment operated by members of the Fire Department and by any and all other means of observation whatsoever, the undersigned, in order to avail him/herself of said opportunity, recognizes and assumes all risks pertaining thereto, and hereby releases the Village of South Holland, its officials, officers, and all other personnel of the Village of South Holland from and all liability whatsoever for any injuries, death, damages, and claims the undersigned, his/her heirs, dependents, and assigns may sustain in and about any fire house or ambulance, or any other equipment or in any other way during the course of the observation, training, and studies by the undersigned of the operations and functions of the South Holland Fire Department.

I, _____, am a student/nurse at _____ Hospital and have been authorized by them to participate in a ride-along program.

I do not have any medical condition, which would preclude me from participating in this program. I acknowledge that I am not covered under any Village of South Holland insurance policies.

I acknowledge that I am considered to be volunteering for this ride-along program and receive no compensation or benefits for my participation.

IN WITNESS WHEREOF, the undersigned has affixed their hand at South Holland, Illinois, this

_____ day of _____ A.D., 20_____.

(Signature of Rider)

WITNESSED: _____
(Print – Supervisor of Applicant)

(Signature – Supervisor of Applicant)

CONTACT NUMBER: _____

APPROVED: _____
(Signature – Chief, or EMS Coordinator/Supervisor South Holland Fire Department)

Rules and Regulations

1. You **must** fill out this packet and subject to a background check.
2. You **must** provide a Certificate of Coverage or proof of liability insurance from your sponsor, school, or own personal coverage. South Holland Fire Department provides no insurance for riders.
3. Ride time **must** be scheduled in advance. You must stop in or call the fire station @ 708-331-3123 to sign up for a shift.
4. Ride-Along hours can be scheduled between the hours of 0800-2000. Ride-Along hours **will** only be scheduled for a maximum of one 8-hour shift per day.
5. No ride time will be scheduled during Departmental training. As per the Ride Time Calendar. **No** ride time will be scheduled during Holidays – *New Year's Day, M.L King Day, President's Day, Easter Sunday, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Christmas Eve, or Christmas Day.*
6. Only **one** ride-along is allowed at any one time. Hours for students cannot overlap.
7. You **must** be in the station at the time you are scheduled. If you cannot make your scheduled time please call to cancel.
8. Upon reporting for Ride-Along shift, you **will** report to Shift Lieutenant to be assigned to vehicle and evaluator.
9. You **must** follow all policies from South Cook County Region 7.
10. Students will not practice outside their scope of training.
11. You **must** be in your respective fire department uniform or black/navy pants, black/navy shirt, and dark shoes. Sweatshirts will be plain with no writing or logos and will be black/navy. Over coats will be plain with no writing or logos.
12. You **will have** your student badge and a watch.
13. Cell phones and pagers are allowed but **will dg** set on vibrate. **No** cell phone usage will be allowed in the presence of any patient.
14. You are responding as a representative of the **South Holland Fire Department** and will be required to act **professionally**. You will be polite and tactful with a good attitude. You will follow proper ethics and behavior.
15. You **will** watch our **HIPAA** policy training tape and sign the appropriate forms stating that you understand this policy.
16. You might be asked to participate in any training or event planned for that day.
17. Failure to abide by these rules will result in being dismissed and denied reapplication, with notification to EMS.

I read and understand these rules. Initial _____ Date _____

Student Information

Last Name _____ First Name _____

Social Security # _____ Phone _____

Address _____

City _____ State _____ Zip _____

Fire/EMS affiliation _____ Hospital/School _____

Emergency Contact _____ Phone _____

Relationship to Student _____

I have read and understand the rules and regulations of the South Holland Fire Department Ride-Along program. I will abide by these rules and act in a professional and courteous manner. I understand that I am while participating in this program; I am a representative of the South Holland Fire Department. I have filled out this packet and have provided all information that is true, complete, and correct. I understand that for failure to follow these rules or for any information that is provided is found to be false, I can be dismissed from this program and denied reapplication. I certify by signing these documents that I accept all terms of this program.

Signature _____ Date _____

Authorization to Conduct Background Check

I authorize the Village of South Holland, or a consumer reporting agency on its behalf, to conduct a background inquiry to verify the statements and information provided by me, included on my application, and to determine other background facts, including prior employment, criminal convictions, motor vehicle history, consumer credit record, and any and all public records to the extent permitted by law. I authorize all previous or current employers or other persons who have knowledge of me, or my records, to release such information to the Village of South Holland. I hereby release any individual, agency, and the Village of South Holland from all claims or liabilities whatever that may arise from the disclosure of such information.

Date of Birth *(for identification purposes only)* _____

Please Print:

Last Name: _____

Maiden Name: _____

First Name: _____

Middle Name: _____

My signature certifies that I have read, understand and agree with the above statements.

Signature _____ Date _____