



**NORTH CHARLESTON FIRE DEPARTMENT**  
**RIDE ALONG PROGRAM FORM**

Date of Application: \_\_\_ / \_\_\_ / \_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Reason for request to ride (circle one): Student / Applicant / Other: \_\_\_\_\_

**Date/Time to Ride**

Option 1) Date \_\_\_ / \_\_\_ / \_\_\_ Time (circle one): 9-12pm / 1-4pm / 5-8pm

Option 2) Date \_\_\_ / \_\_\_ / \_\_\_ Time (circle one): 9-12pm / 1-4pm / 5-8pm

Option 3) Date \_\_\_ / \_\_\_ / \_\_\_ Time (circle one): 9-12pm / 1-4pm / 5-8pm

**Return Form**

North Charleston Fire Department Headquarters      OR      Administrative Specialist Kristin Shippell  
2500 City Hall Lane, North Charleston, SC 29406      KShippell@northcharleston.org  
Office Phone: 843-740-2616

**RELEASE OF LIABILITY AGREEMENT**

In consideration of being permitted to ride in a motor vehicle of the City of North Charleston Fire Department, I hereby release and agree to hold harmless the City of North Charleston, its employees, and agents from any and all liability for any damage or injury which I may receive while riding in said motor vehicle or any injury received while accompanying a City of North Charleston Fire Department Officer from any cause whatsoever.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This release of liability and agreement given by me to the City of North Charleston, its employees and agents shall apply to any rights of action that might accrue to myself, my heirs and my personal representatives. I agree to assume all risk in riding in the City of North Charleston Fire Department vehicle while accompanying its crew. Furthermore, I am fully aware of the personal dangers I may be involved in which may include, but not limited to explosions, electrocution, exposure to hazardous materials, and bodily harm while being present on a fire scene as a result of any unanticipated occurrences. In addition, I know and understand that I may face possible exposure to certain diseases, such as Hepatitis B Virus, Human Immunodeficiency Virus and Tuberculosis. My signature below indicates that I have read the above and understand its contents and agree to its terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIALITY OF PATIENT INFORMATION**

I understand that City of North Charleston Fire Department provides services to patients that are private and confidential. I understand that in the rendering of emergency medical services, patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written, or photographic and that all such information is strictly confidential and protected by federal and state laws. I understand that I am prohibited from sharing patient information, in any form, with anyone unless required to do so. I agree that I will comply with all confidentiality policies and procedures set in place by City of North Charleston Fire Department during my Ride-Along. If I, at any time, knowingly or inadvertently breach the patient confidentiality practices, I agree to notify the City of North Charleston Fire Department Officer immediately. In addition, I understand that breach of patient confidentiality may result in termination of current and future opportunities to participate in the Ride-Along Program.

I have read and understand the HIPAA policy and the privacy practices of North Charleston Fire Department. I agree to abide by all practices and policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Guardian of Minors**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only**

Approved: Y / N

Signature: \_\_\_\_\_  
Deputy Chief or Designee

\_\_\_\_\_  
Division Chief or Battalion Chief

Scheduled Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Entered in Fire Calendar: Y / N

Entered by: \_\_\_\_\_