



Central Oneida County Volunteer Ambulance Corps.

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Ride-along Info Packet



Central Oneida County Volunteer Ambulance Corps



Ride-along Guidelines

Who can participate in the Ride-along program?

- Participants in the program must be at least eighteen (16 - 17 years old with parental consent).
- Participants must be of sound mind and physically capable to participate.

How do I apply?

- To participate in the program, the Ride-along information and request form, the confidentiality and non-disclosure agreement, and the accident waiver and release forms must be signed by the applicant and submitted via email, fax or hand delivered to COCVAC HQ for review.
- Incomplete applications or applications without the signed waiver will be rejected.
- COCVAC will contact you and let you know whether your application to Ride-along has been approved and the date you are scheduled to ride.

When can I do a Ride-along?

- A Ride-along can be done any day of the week at any of the following times:
0600 to 1200 or 1200 to 1800 or 1800 to 0000
Acceptations may be granted under certain circumstances
- Preference in scheduling a ride along is given to current Central Oneida County Volunteer Ambulance Corps. (COCVAC) probationary members or EMT students doing ride time for class.
- We will do everything possible to allow you to Ride-along on the specific date you requested. However, this is no guarantee your date or request will be accommodated due to unforeseen circumstances.

What should I wear and bring with me?

- Riders must wear appropriate attire which is suitable for having public contact.
- Black plain t-shirt or polo shirt.
- Black EMS or khaki style pants.
- Black boots or sneakers. *No open toed, high heeled, or dress shoes*
- Dark jacket permitted in colder weather.
- Ride-along participants may not wear any FIRE and or EMS agency logo apparel.
- It is advisable to bring enough money with you to purchase any food or refreshments you may want while you are riding along.

Rules

You must comply with the following rules. Failure to comply with these rules will result in the immediate termination of your ride and you will not be allowed to participate in the Ride-along program in the future.

- Participants will be under the direct supervision of a COCVAC employee.
- You must comply with all directions and orders given to you by any COCVAC employee.
- You are not to become involved in any incidents or conversations between COCVAC and any other first responders.
- You are expected to conduct yourself in a civil, personable, and courteous manner at all times.
- While in the ambulance you are to remain seated at all times and you must wear the vehicle's seat belt anytime the ambulance is in motion.
- For safety reasons, participants are not allowed to handle or use any of the equipment in the ambulance unless called upon by the lead Paramedic and or Critical Care Tech in an extreme life threatening emergency.
- Concealed weapons are strictly prohibited.
- You may not carry or use any audio recording device, any video recording device, or other camera while you are on a ride along.
- Cellular phone use is strictly prohibited while in the presence of a patient or while on the scene of any incident or emergency.
- You may not reveal any patient information you may hear to anyone anytime.
- Please arrive on time for your scheduled ride-along time.
- Failure to appear on time may result in your ride-along shift being canceled.
- Failure to appear at all for your ride-along time will result in you not being able to participate in the program in the future.

*We understand that uncontrollable circumstances do occur and you may not be able to attend your scheduled ride-along, so we ask that you please let us know as soon as possible. *



Central Oneida County Volunteer Ambulance Corps



Ride-along Information and Request Form

<u>Name:</u> (Print Full Name)		Date of Birth:	Age:
Address:		Apt:	
City:	State:	Zip:	
Home Phone:	Cell Phone:		
Email Address:			
Emergency Contact Name:		Emergency Contact Number:	
Employer / Agency / School Affiliation:			
Reason for Ride-Along:			
Physical Disabilities:			
Are you under the care of a Physician? If so, why?			
Date(s) Requested		Hours Requested:	
1 st Choice: ____ / ____ / ____		☐ 0600 - 1200 ☐ 1200 - 1800 ☐ 1800 - 0000	
2 nd Choice: ____ / ____ / ____		☐ 0600 - 1200 ☐ 1200 - 1800 ☐ 1800 - 0000	
3 rd Choice: ____ / ____ / ____		☐ 0600 - 1200 ☐ 1200 - 1800 ☐ 1800 - 0000	

Please return this form to Central Oneida County Volunteer Ambulance along with your signed waiver. Please either bring forms to the main office, or e-mail to: kmccormick@cocvac.org



Central Oneida County

RELEASE AND WAIVER OF LIABILITY FOR PARTICIPATION IN RIDE-ALONG PROGRAM



Participant's Name: _____ Date: _____

Parent's Name: _____ Birth Date of Participant: _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I hereby acknowledge that during my participation and attendance in Central Oneida County Volunteer Ambulance Corps Ride Along Program and related activities that I will be participating in a potentially **dangerous activity** in a potentially **dangerous environment**. I understand that the activities **could result in serious and life threatening injuries and illnesses, including death**. I am willing to **assume this risk** in exchange for being permitted to ride on the ambulance, observe or even participate in the provision of emergency treatment, or being present at emergency scenes. Hazards which may cause me injury include but are not limited to motor vehicle collisions while responding to or from emergencies, being struck by 3rd party vehicles, injuries caused by patients, exposure to diseases or illnesses, viral or bacterial, and injuries from assisting with lifting, carrying or assisting.

I understand that I will be exposed to uncontrolled and unpredictable events, including disturbing scenes, traumatic events, blood, trauma, emotionally disturbed and potentially violent persons, deaths, severe injuries, and serious medical conditions.

I hereby now and forever **waive any and all claims** on behalf of myself, my heirs, successors and assigns, administrators, and trustees, and do agree to hold Central Oneida County Volunteer Ambulance Corps and its directors, officers, members, volunteers, employees and agents (collectively "parties") **harmless for any injuries or illness I sustain**, and to **defend and indemnify the parties** for any loss, payment, judgment, fees, penalties, costs or fines incurred as a result of any claim, suit or action by me or on behalf of me, now existing or existing or arising in the future.

Participant's signature: _____

CONSENT TO TREATMENT (FOR PARTICIPANTS UNDER 18)

I hereby consent to the treatment and transportation for any injuries sustained by my child necessary to treat, stabilize or protect my child.

Parent/Guardian of Participant: _____

PARENT/GUARDIAN RELEASE OF LIABILITY

Although my child is younger than eighteen (18) years of age, s/he is of sufficient maturity at this time to appreciate the dangerous nature of attendance and participation in this ride along program. The risks were read to my child and explained to my child by me. I hereby now and forever **waive any and all claims** on behalf of myself and to the extent permitted by law, my child, spouse, heirs, administrators, trustees, and do agree to hold Central Oneida County Volunteer Ambulance Corps, and their directors, officers, members, volunteers, employees and agents (collectively "parties") **harmless for any injuries**, and agree to **defend and indemnify the parties** for any loss, payment, judgment, fees, penalties, costs or fines incurred as a result of any claim, suit or action by or on behalf of my child or his heirs or assigns or agents, or any other party, now existing or existing or arising in the future. If any part of this is waiver and release deemed invalid, the remainder shall still be enforceable.

Signature of Parent/Guardian: _____ Date: _____

Witnesses signature: _____



Central Oneida County Volunteer Ambulance Corps



Confidentiality and Non-Disclosure Agreement

I _____ acknowledge that patients provide and COCVAC collects personal and confidential information verbally, in writing, and through digital means. I understand and agree that any information pertaining to patients is strictly confidential and protected by federal and state laws and that I will not use or disclose patient information in any way.

I agree that I will comply with all HIPAA policies and procedures in place at COCVAC during my experience as a participant with COCVAC. If, at any time, I knowingly or inadvertently breach patient confidentiality or violate the HIPAA policies and procedures of COCVAC, I agree to notify them immediately.

I also understand that I may be exposed to other confidential or proprietary information of COCVAC and I agree not to reveal any of that information to anyone at any time, unless I am authorized by COCVAC to do so. This means that I will not disclose information about COCVAC's business practices or other information that COCVAC might consider to be confidential or proprietary.

Failure to uphold these obligations may result in immediate suspension or termination of the privilege to Ride-along and observe the activities of COCVAC. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient information or confidential or proprietary information in my possession. I understand that any patient or confidential information that I see or hear while a participant in the Ride-along program will stay here at COCVAC when I leave.

Name: _____

Signature: _____ **Date:** _____

Signature of Parent/Guardian: _____

Witnesses signature: _____