



# ORANGEBURG DEPARTMENT OF PUBLIC SAFETY FIRE DEPARTMENT

1320 Middleton Street, Orangeburg, South Carolina 29115  
<https://www.orangeburg.sc.us/public-safety/fire-department>

## RIDE ALONG PROGRAM FORM

The Orangeburg DPS Fire Department encourages community involvement in the operation of the Fire Department. This allows interested citizens to ride as observers with the fire department personnel for legitimate civic, educational, or pre-employment reasons. The program is to provide the public with the opportunity to observe activities of the fire service to gain a better understanding of the duties and responsibilities for fire personnel.

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

SSN: \_\_\_\_\_

DL#: \_\_\_\_\_

Emergency contact and phone number: \_\_\_\_\_

Emergency contact address: \_\_\_\_\_

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

### Date / Time to Ride

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time : 9 am – 4 pm

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time : 9 am – 4 pm

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time : 9 am – 4 pm

Citizen participation and assignment shall be at the discretion of the Chief Fire Officer. The Chief Fire Officer will approve each participant and assign him/her to ride at the department's convenience. If it becomes necessary to change the selected date requested, every attempt will be made to contact the participant.

1. Applicants must be 18 years or older (picture ID required) to participate.
2. Requests must be submitted for approval five days prior to the date requested.
3. Limit two ride alongs per year. Exceptions may be made for special programs with the approval of the Chief Fire Officer.
4. Ride Along period is limited to/between the hours of 9:00 a.m. to 4:00 p.m.

### **General Rules**

1. Dress must be appropriate. No shorts, no open/sandal type shoes, no clothing with advertising or printing. Approval of dress is at the discretion of the Chief Fire Officer.
2. Participants shall not use any recording devices while on emergency scenes; including, but not limited to, cell phones, digital cameras, video cameras, digital voice recorders, etc.
3. Participants must stay on the engine or truck unless otherwise directed by the supervising fire officer.
4. Participants must always wear a seat belt while the apparatus is moving.
5. The rider will follow explicitly the directions of the supervising fire officer.
6. The rider may indicate any time his/her desire to terminate the ride and be returned to the station at the earliest convenience of the Fire Department.
7. The rider may be included in the department report as witness. This could result in the rider being subpoenaed to court to testify as a witness. The Fire Department **WILL NOT** compensate the rider for court appearances.

**Agreement**

Any deviation from these rules/requirements stated above will be justification for termination of the ride-along. Additionally, the supervising fire officer or the Chief Fire Officer, may terminate the ride if in their opinion further participation is of no benefit to the rider or the Orangeburg DPS Fire Department. Any exceptions to qualifications/ requirements/general rules as stated here must be approved by the Chief Fire Officer. In consideration for my being given the opportunity to participate in the Orangeburg DPS Fire Department Ride Along Program, I release and hold blameless the City of Orangeburg, the Orangeburg DPS Fire Department and employees from all liability for any damage or injury which I may receive while participating in the program. I am aware that I will be at actual fire and other emergency operations.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**General Waiver of Liability**

As consideration for being permitted to participate in these activities, I further state and reiterate and agree that the City of Orangeburg shall not be responsible or liable for any injury, damage, loss or expense, either to me or my property, which may be incurred during the activity or while accompanying any member or employee of said department during the performance of their official duties, or resulting from any negligent act or omission on the part of any member of the Orangeburg DPS Fire Department. I hereby represent that I have carefully read and understand the contents of this document and sign my name of my own free will, it being my intention to hold and save the City of Orangeburg and Orangeburg DPS Fire Department harmless from all liability which might be incurred in consideration of it granting me the privilege of gaining experience and knowledge in my capacity.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Confidentiality of patient information**

**Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 limits departmental disclosure of the protected health information of any patient to specific uses such as the provision of treatment or other health care services, for billing and payment purposes, and for health care operational purposes. Additionally, the department is authorized to release health information for several specialized purposes (to assist in the prevention or control of public health risks, selected assistance to law enforcement agencies, assistance to federal officials in the interests of national security, etc.).

As a participant in the Fire Department’s Ride Along Program, you are specifically prohibited from discussing individual patients, their treatment, and any other information that could be utilized to identify these patients with anyone except those departmental personnel who will be conducting your ride along activities. Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by law.

I understand that the City of Orangeburg DPS Fire Department may provide 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 the City of Orangeburg DPS 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 Orangeburg DPS Fire Department immediately.

As a participant in the Orangeburg DPS Fire Department Ride Along Program, I understand that I will not disclose any patient information or other information that was obtained at an incident scene, hospital, or in the company of fire department personnel. The information received is confidential and will be protected by the HIPAA Act of 1996. I understand the Orangeburg DPS Fire Department requires that all ride along and observers appropriately safeguard all patient information. \_\_\_\_\_ (initial)

I understand, if any information is disclosed without written authorization of the patient or agency, civil or criminal legal action may be taken and all ride along or observation privileges will be permanently revoked. \_\_\_\_\_ (initial)

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

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>	Approved: Yes / No
Signature: _____	Schedule Date: _____