



CANYON LAKE FIRE DEPARTMENT

Ride-Along Rules of Conduct

- Observation hours shall be limited to 8:00 am through 7:00 pm.
- Under NO circumstances shall a Ride-Along stay overnight at the fire station.
- Ride-Alongs are restricted from entering any sleeping quarters at the fire station.

I. Dress and Appearance

- a. Ride-Along shall be neat and clean in appearance. Their personal hygiene and grooming must be acceptable to the Fire Captain and/or Duty Officer. While participating in the Ride-Along Program, the Rider is, in effect, representing the Canyon Lake Fire Department.
- b. Ride-Along shall wear suitable attire. Dark pants and light plain shirts are recommended (no jeans). No writing or artwork is allowed on clothing, except small brand logos are acceptable. The following clothing items are prohibited: open toe shoes, sandals, high heels, shorts, tank tops, garments with offensive messages, garments that are excessively loose, and/or excessive jewelry with the exception of a ring and a watch.
- c. Ride-Along must wear flat, closed-toe shoes (steel-toed is strongly recommended).
- d. Jacket: Dark solid color recommended.
- e. Ride-Alongs from agencies outside of Canyon Lake may wear their agency uniform with prior approval. Student Ride-Alongs may wear their class uniforms with prior approval.
- f. Ride-Along shall wear a high-visibility safety vests on all emergency incidents. If issued a name badge by your sponsoring agency that shall be worn at all times.
- g. Hair: Long hair shall be pulled back and tied so as not to interfere with activities.

II. Rules of Conduct

- a. Ride-Alongs are required to conduct themselves in a manner that will not interfere with Fire Department operations.
- b. Ride-Alongs are expected to act in a manner which reflects a positive image on the Fire Department.
- c. Ride-Alongs are encouraged to ask questions at appropriate times.
- d. No firearms or other weapons may be brought onto Fire Department property or carried during the ride along.
- e. No alcoholic beverages or drugs are to be brought onto City or Fire Department property nor consumed prior to the ride along. The smell of alcoholic beverages or marijuana, etc., on the breath will prohibit you from participating.
- f. Participants shall wear a seat belt as per State Law and Fire Department policy.
- g. Participants shall carry a valid Driver's license with them during the ride along at all times.



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- h. At no time will ride-along be permitted to take pictures, use a video camera, or any other audiovisual recording device while on the scene of an incident. Requests for media Ride-Alongs will be dealt with separately through the Fire Chief.
- i. Ride-Alongs will treat private health information as strictly confidential. Disclosure of private health information outside of the Fire Department who is working with the patient is strictly forbidden. No response documents or copies, on which individually identifiable information such as name, address, SSN, etc. shall be removed, disclosed, or transmitted off site.
- j. Use of tobacco products is not permitted at the fire station or Fire Department vehicle.

Ride-Along participants will be responsible for bringing his/her own meals or can plan to buy-in for meals with the Fire Captain.



CANYON LAKE FIRE DEPARTMENT Ride-Along / Observation Program Application

APPLICANT INFORMATION

Full Name:	DOB:
Home Address:	Phone Number:
Email Address:	
Social Media Handle and Site(s):	
Place of Employment or School:	
Position/Title:	Major/Study:
Employment or School Address:	
Organization Represented:	Business/School Phone:
Date Requesting:	<i>Ride-alongs will be from 0800 to 1900 hours.</i>
Give Reason for Your Request to Participate in Ride-Along Program:	
Have You Previously Participated in the CLFD's Ride-Along Program <input type="checkbox"/> Yes/Date _____ <input type="checkbox"/> No	
How Did You Become Aware of This Program?	
Have You Ever Been Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No / If Yes, List Date, Offense, and Location:	

EMERGENCY CONTACT INFORMATION

Name:	Relation:
Address:	Phone Number:

ACKNOWLEDGEMENT

I have read and understand the Rules of Conduct and Procedures for the Ride-Along Program of the City of Canyon Lake Fire Department. The above information is true and accurate to the best of my knowledge.

Applicant Signature: _____ Printed Name: _____

FOR DEPARTMENT USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Comments: Signature: _____	Return Completed Form To: Canyon Lake Fire Department 28730 Vacation Drive Canyon Lake, CA 92587 OR TO fire@canyonlakeca.gov
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CANYON LAKE FIRE DEPARTMENT
Ride-Along Program Request/Waiver Form

_____ requests that they be authorized to be a
(Name of Individual Requesting Ride-Along)

ride-along with the Canyon Lake Fire Department for the purpose of training, education, evaluation, and/or observation. We/I certify that the named ride-along will be covered by the named ride-along will be covered by insurance throughout the duration of the authorized ride-along.

(Signature of Individual Requesting Ride-Along)

(Date)

Waiver:

I acknowledge that the work and activities of the Canyon Lake Fire Department are inherently dangerous and involve possible risks of injury, death, and damage or loss to person and property. In consideration of my voluntary participation in the Canyon Lake Fire Department's "Ride-Along" program, I hereby covenant not to sue, hold harmless, and waive and release any and all claims, causes of action, or other means of legal recourse against the City of Canyon Lake, its officers, agents, and employees for any and all liability, loss, damage, or injury that may arise as or result from my riding in any Canyon Lake Fire Department vehicle or being in a City of Canyon Lake building while participating as an observer in the Canyon Lake Fire Department's "Ride-Along" program. I acknowledge and agree that I am not and will not be acting as an employee or agent of the City of Canyon Lake. Additionally, I agree to abide by the rules, regulations, and guidelines set forth by the City of Canyon Lake and the Canyon Lake Fire Department throughout the duration of my authorized ride-along. Further, I agree not to disclose any medical information I hear or observe during the course of my ride-along so patient confidentiality is maintained.

(Print Ride-Along's Name)

(Ride-Along's Signature)

(Date)

Approval:

(Chief Officer)

Date

(Date and Time of Ride-Along) ____/____/____

____:____-____:____



CITY OF CANYON LAKE FIRE DEPARTMENT
Ride-Along Program HIPAA Observer Agreement

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 limits Fire Departmental disclosure of the protected health information (PHI) 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 Fire Department is authorized to release health information for a number of 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.

Should special circumstances necessitate that you utilize or disseminate such information (e.g. school reports, patient reports); the Fire Chief or his/her designee will assist you in ensuring that the material is in such form that it cannot be utilized to identify a specific incident. No health-related information may be utilized without review and subsequent authorization of the Fire Chief or his/her designee.

As a participant in the Canyon Lake Fire Department Ride-Along Program, I understand the restrictions outlined above and I agree to abide by the requirements of this agreement. I understand that I may be subject to civil or criminal penalties should I violate the prohibitions set forth in the Health Insurance Portability and Accountability Act of 1996.

(Ride-Along Participant / Guardian Signature)

(Date)

(Printed Name of Ride-Along Participant)