



**SOUTH LEXINGTON FIRE DEPARTMENT**  
1877 NC HWY 47, LEXINGTON, NC 27292  
STATION # 336-357-2410 - FIRE CHIEF DERRICK BLACKBURN  
[STATION46@SOUTHLEXINGTONFIRE.ORG](mailto:STATION46@SOUTHLEXINGTONFIRE.ORG)



## **RIDE-A- LONG REQUEST FORM**

### **Ride-A-Long at the South Lexington Volunteer Fire Department, Incorporated:**

The Ride-A-Long educational/training experience introduces observers to a particular job or career by pairing them as an unpaid observer with an employee and/or volunteers. The observer will follow or “shadow” the employee and/or volunteer as they perform normal work or volunteering activities. The observer may observe, ask questions, and gain first-hand knowledge of a career and the workplace environment. The employee or volunteer mentor is considered to be the observer’s supervisor while they are at the fire station, on the way to/from an emergency scene, and at the actual emergency scene. The observer will not engage in any patient care nor provide services to any patient; this is strictly an observational role.

### **General Requirements:**

- The Chief Officer’s approval must be obtained.
- Complete the Ride-A-Long Request Form and return it to the Chief Officer prior to the Emergency Services Shadowing Experience.

### **Ride-A-Long Guidelines:**

- Dress appropriately in business casual attire. Denim, shorts, spandex, and revealing outfits are not acceptable. Turn off cell phones. We cannot be responsible for valuables.

**Please note:** The fire department will not be responsible for any injuries to observers that are not directly the result of the fire department’s negligence. Any injuries or medical bills will be borne by the observer and/or the observer’s guardian.

- Be respectful to all employees, volunteers, citizens, and all public members at all times.

### **To be completed by Observer:**

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

Are you 18 years of age or older? \_\_\_\_\_ If no, please provide your age: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

School/Employer: \_\_\_\_\_ Grade/Job Title: \_\_\_\_\_

Name, address, and phone number of the person to be contacted in case of any emergency:

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



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Do you have friends or relatives currently working for the Fire Department?  Yes  No

If yes, give their name, relationship, and job title: \_\_\_\_\_

Career Interests: (if known) \_\_\_\_\_

Is there anything we need to consider in placing you in a ride-a-long role: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Alternate Date: \_\_\_\_\_

### HIPAA/Confidentiality Statement:

I will be under the supervision and direction of my assigned mentor. I understand that the confidentiality of the employees and/or volunteers and patients of the fire department must be respected at all times. I understand that information concerning providers, as well as our patients, their illnesses, or their families is private. I understand that this information cannot be discussed with anyone, even after I leave the fire department.

State and federal laws protect the confidentiality of patient(s) information that you might obtain during the course of your visit. **State and federal laws prohibit you from disclosing this information.** I will respect and maintain the Fire Department and patient(s) confidentiality, both during my visit and after I leave the fire department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Observer)

### Minors: To be completed by Parent/Guardian if the participant is under the age of 18:

My daughter/son has permission to participate in a ride-a-long at this fire department as requested above. I release the fire department from all claims that may arise from this observational experience.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Fire Department Mentor: To be completed by Fire Department Employee or Volunteer Mentor:

I, \_\_\_\_\_ agree to supervise and be responsible for \_\_\_\_\_ (observer's name) during their job shadowing experience, making sure the fire department's policies are followed both the fire department and the patient's privacy is protected, and safety is respected.

Employee or Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)



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**RIDE-A-LONG RELEASE FORM**

This document is a hold harmless agreement between persons requesting to participate in the Ride-A-Long Program and South Lexington Volunteer Department, Incorporated, hereafter the DEPARTMENT. It is intended to release the DEPARTMENT employees, volunteers, management, board of directors, citizens of the fire district, and all of their families, heirs, and assignees from any liability as a result of any injury related to Participating in the Ride-A-Long Program.

**It is not intended to hold harmless any person causing injury who may be found willful & wanton negligent.**

I \_\_\_\_\_ (Applicant) do hereby release the DEPARTMENT employees, volunteers, management, board of directors, citizens of the fire district, and all of their families, heirs, and assignees from any liability as a result of any injury related to participating in the Ride-A-Long Program.

I \_\_\_\_\_ (Applicant) am at least 18 years of age and able to participate in this program according to the policies of the DEPARTMENT or I \_\_\_\_\_ (Parent/Guardian) am the parent/legal guardian of the person under 18 years of age.

\_\_\_\_\_  
 Applicant (Print Name) Date of Birth

\_\_\_\_\_  
 Applicant Signature Date

\_\_\_\_\_  
 Chief Officer Approval (Print Name) Rank

\_\_\_\_\_  
 Chief Officer Signature Date

\_\_\_\_\_  
 Parent/Guardian Signature (if applicant under 18) Date