



North Kingstown Fire Department

8150 Post Road
North Kingstown, RI 02852
(401) 294-3346

Fire/EMS Ride-Along and Clinical Internship Application

Thank you for your interest in the North Kingstown Fire Department Ride-along and Clinical Internship Program. This program is intended for current EMS students, medical and nursing students, as well as members of our community.

The North Kingstown Fire Department is a full time career Fire Department providing Firefighting, Rescue and Advanced Life Support (ALS) services to the citizens of the Town of North Kingstown. The North Kingstown Fire Department operates 2 full-time Fire and ALS transport vehicles and 6 full-time Fire BLS non-transport vehicles.

The ride-along offers you the opportunity to observe the delivery of firefighting, emergency medical care, rescue operations, as well as the transfer of care to emergency room nurses and doctors. For current and prospective EMT students, it offers first hand clinical experience to complete your required EMS internship.

In order to participate, candidates must meet one of the following criteria:

- A rider fulfilling obligations for the clinical internship of an accredited EMS training program or Emergency Medicine Residency. To ensure adequate availability, internships will only be approved for students who are attending an EMS training program with a current agreement in place with the North Kingstown Fire Department.
- A rider fulfilling obligations for the "Senior Experience" program from a Town of North Kingstown High School. Due to the lengthy time commitments of this program, no more than 2 riders will be permitted to ride at any time.
- Any person with an interest in Firefighting or Emergency Medical Services as a media representative or decision maker (i.e., elected official, board member, leadership participant, taxpayer, etc.). These requests require prior approval from the Chief of the Department.

Completed applications should be dropped off at our administrative offices located at 8150 Post Road North Kingstown, RI 02852.

You will be contacted within 2 weeks, by phone or via email, with approval or denial of your application. If the application is approved, you will be asked to provide several dates/times that you wish to ride. If you have any questions or concerns, please feel free to contact us.

Guidelines

In order to prepare for this experience, we ask you read the following which explains how we operate, what is expected of you, and what is offered. We have set the following guidelines, not to discourage, but to protect the integrity and safety of our staff and associates. All riders must read, accept and comply by the following guidelines. Feel free to remove and retain pages 1 and 2 of this document, if desired.

- Riding times are scheduled between 8:00 am and 8:00 pm.
- Dress Code
 - The participant should wear neat, clean, appropriate clothing and sturdy footwear. This includes pants/slacks and a solid colored shirt/blouse. Collared shirts are preferred.
 - You are NOT allowed to wear hats or any clothing with a sizable logo on it or shoes with bright colors, sandals, flip-flops, or any kind of open-toed shoes. Scrubs are not permitted.
 - You are NOT allowed to wear jeans, shorts, tank tops, sweat pants or clothing which is faded, torn, soiled or displays offensive language or symbols. For females, you also are NOT allowed to wear dresses, skirts, halter tops and tights/leggings. Avoid wearing clothes that are too tight.
 - Avoid wearing perfume/cologne, as patients may be allergic to them.
 - Please ensure proper hygiene, hair combed, facial hair shaved and a clean, tidy appearance
- No alcohol or drug consumption for at least 12 hours prior to the scheduled ride-along. This includes prescription drugs that may cause drowsiness or impair the ability to drive or operate machinery.
- No tape recording, photos, videos or other use of personal electronic devices without prior approval from the Chief of the Department.
- Arrive for your shift 10-15 minutes before the scheduled start time. Upon arrival, please help the crew you are assigned to with checking the vehicle. This will help better understand the types of equipment the North Kingstown Fire Department carries and uses, as well as where they are located.
- During your shift, you may be asked to be included in breakfast, lunch, or dinner, whichever is applicable. The crews generally split the cost of the meal, so be prepared to pay for the meals that you agree to be included in. You are welcome to bring your own food.
- While on a call, you are expected to act courteous and appropriate. If you are not comfortable doing something when asked, do not be afraid to verbalize it. Please refrain from asking questions about a call until the call has ended. Please do not talk about irrelevant topics in the presence of the patient. In addition, do not answer questions from family members or bystanders; refer them to the officer or driver and do NOT interfere with patient care.
- You are expected to wear a seat belt at all times when the ambulance is in motion unless directed otherwise by the officer. Do not wander off or away from your crew members.
- The on-duty officer or Battalion Chief has the right to send you home if deemed necessary for any reason. They also retain the right to deny you the opportunity to ride-along as they deem fit, without prior notice.



North Kingstown Fire Department Ride-Along Application



This application must be filled out prior to being allowed to participate in our Ride-Along program. You will NOT be allowed to ride-along in any circumstances, unless all the necessary paperwork, (this application, subsequent waiver, HIPAA agreement, COVID-19 addendum) are completed and signed prior to the start of your scheduled shift. ANY falsified information or omissions on this application may result in denial of ride-along privileges.

The North Kingstown Fire Department reserves the right to deny the opportunity to ride-along for any reason, without prior notice and reserves the right to terminate the ride-along at any point during the ride-along for any reason.

Applicant's Information

Full Name	Date of Birth
Address	
Town, State, Zip Code	
Phone Number	Email address
Current Level of RI EMS Licensure (check one) ___ None ___ EMT ___ AEMT-Cardiac ___ Paramedic	EMT Number (if applicable)

Emergency Contact Information

Name of Emergency Contact	Relationship
Primary Phone Number	Secondary Phone Number

EMS Educational Information (for applicants completing EMS clinical internship)

Name of Current Educational Program	
Lead Instructor	Phone Number
Level of Practice requested for clinical internship (check one) ___ EMT ___ AEMT-Cardiac ___ Paramedic ___ EMR	Other internship
Have you completed the didactic training, skills training, and examinations for any skills to be performed? ___ Yes ___ No	
Have you completed the following immunizations? ___ MMR ___ TDaP ___ Hep-B ___ Varicella ___ Flu	Date of last negative 2-step PPD:
Do you currently have professional liability insurance?	Insurance Provider:
Have you completed training in HIPPA Compliance? ___ Yes ___ No	



North Kingstown Fire Department
Ride-Along Application



Criminal Background/History

Are you subject to a restraining order from harassing, stalking, or threatening an adult or child? ___ Yes ___ No
Are you under indictment or do you have charges pending in any court for any crime? ___ Yes ___ No
Have you ever been charged or convicted of a criminal offense? If yes, please explain. ___ Yes ___ No
Are you currently taking any medication that could impair your judgement in a stressful situation? ___ Yes ___ No
Are you a registered sex offender, or have had any offense involving unlawful sexual behavior? ___ Yes ___ No
Are you an unlawful user of marijuana, any depressant or stimulant, or any controlled substance? ___ Yes ___ No

<p>I have read and understand the procedure for the Ride-Along Program at the North Kingstown Fire Department. I certify under penalty of perjury, the above information is true and accurate to the best of my knowledge. I further authorize the North Kingstown Police Department to check local agency records and disclose any of their findings to the North Kingstown Fire Department.</p> <p>I understand that there is no right to participate in the program. I understand that sudden staffing changes may require rescheduling of any approved shift, at any time, with or without prior notice to me. I further acknowledge that this application and all associated information remain the sole property of the North Kingstown Fire Department.</p> <p>I agree to follow, and have received a copy of the Ride-Along guidelines.</p>	
Signature of applicant:	Date:
Signature of Parent/Guardian (if applicant is under 18)	Date:

For North Kingstown Fire Department use ONLY

Request ___ Approved ___ Denied, reason:	
Signature of Approver	Date
Date(s)/Time(s) of Ride-Along	Assigned to
Date Applicant Contacted	Date Officer Contacted



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Waiver of Rights and Release of Liability

I affirm that I intend to ride along with the North Kingstown Fire Department crews in order to observe their activities, pursuant to the North Kingstown Fire Department "Ride-Along Program". I hereby state that I have received a copy of the guidelines for the North Kingstown Fire Department "Ride-Along Program". In making this affirmation, I certify that I am cognizant of all of the inherent dangers of riding with said emergency service and of the basic safety rules for activities connected there with. The inherent dangers associated with riding with such emergency crews includes, but is not limited to, accidents involving Department vehicles, negligent or intentional tortuous acts by third parties, exposure to communicable diseases, and various accidents during the provision of emergency services. As used herein, the "injuries" shall include bodily injuries, injuries to personal property, mental anguish, emotional distress and death resulting from any such bodily injuries.

I understand that it is not the purpose of the Ride-Along Program to teach me emergency medical procedures, nor is it the function of the emergency service to act as the guardians of my safety. I understand and agree that neither the Town of North Kingstown, nor the North Kingstown Fire Department, and its agents and employees may be held liable in any way for any occurrence in connection with my observation of North Kingstown Fire Department crews in performing their duties which may result in injury, death, or other damages to me or my family, heirs or assigns.

In consideration of being allowed to ride along with the North Kingstown Fire Department crews, I hereby personally assume all risks in connection with such activity, and I further release the Town of North Kingstown, the North Kingstown Fire Department, its employees and assigns for any injury or damage which may befall me while I am with the North Kingstown Fire Department crews, including all risks connected therewith, whether foreseen or unforeseen; and further claim by me or my family, estates, heirs, or assigns, arising out of my participation in the "Ride-Along Program".

I further state that I understand the terms herein are contractual and not mere recital, and that I have signed this document as my own free act.

I affirm that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it. I affirm that I am fit and capable of performing all tasks as contemplated by the "Ride-Along" program for students such as myself.

I also acknowledge that if any single provision of this Waiver of Rights is declared unenforceable, that such declaration has no effect on the enforceability of the remainder of the waiver. This Waiver of Rights shall become effective upon its signing.

Date _____

(printed name)

(signature)

(printed witness name)

(witness signature)



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HIPPA Participant Agreement

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (as amended) and Rhode Island law limit disclosure of the protected health information of any patient to specific uses such as the provision of treatment or other health care services, and for health care operational purposes. Additionally, the agency 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 agency'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 personnel who will be conducting your ride along activities. No audio, video or still photography is allowed without prior written consent of the Chief. Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by federal and/or state law.

Should special circumstances necessitate that you utilize or disseminate such information (e.g. school reports, news articles); the Chief's office will assist you in ensuring that the material is in such form that it cannot be utilized without review and subsequent authorization from the Chief or his designee.

As a participant in the North Kingstown Fire Department's 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, and federal regulation 45 CFR 164.502 as amended or similar provisions of Rhode Island law.

Date _____

(printed name)

(signature)

(printed parent/guardian name, if under 18)

(parent/guardian signature)



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Waiver of Rights and Release of Liability for a Minor

I, _____,
Parent/legal guardian name relationship

Of _____, Town of _____, State of _____.
Applicant's name

Hereby affirm that I am the parent or legal guardian of _____,
Applicant's name

Who has signed attached "Ride-along" Program Application and "Waiver of Rights and Release of Liability" form.

I have read the guidelines for the North Kingstown Fire Department "Ride-Along Program" and the attached "Waiver of Rights and Release of Liability" form. Any questions I may have had have been answered to my satisfaction, and I affirm that I am fully informed.

I hereby consent to the participation of the child _____.
Applicant's name

In the North Kingstown Fire Department "Ride-Along Program", subject to the rules of the program and subject to all of the conditions and agreements set forth in the "Waiver of Rights and Release of Liability".

I further state that I am of lawful age and legally competent to sign this affirmation and release, that I understand the term herein are contractual and not mere recital, and that I have signed this document as my own free act.

I affirm that I have fully informed myself of the foregoing affirmation and release by reading it before I have signed below. I affirm that my child is fit and capable of performing all tasks as contemplated by the "Ride-Along" program for students such as my child.

Date _____

(printed parent/guardian name, if under 18)

(parent/guardian signature)

(printed witness name)

(witness signature)