



BAKER CITY, OREGON
 P.O. Box 650, Baker City, OR 97814-0650
 541-523-6541 or 541-523-3711 Voice/TDD
 www.bakercity.com



Cadet Ride-along Request Form

Cadet: _____ **Day Request:** _____ AM PM

Do you have a minimum of 4 qualifying Hours? Y N

To my knowledge I have how many ride-alongs qualifiable hours available to use? _____

I have completed or scheduled less than 4 ride-alongs? Y N

To my knowledge I have completed how many ride-alongs? _____

Baker City Fire Department Ride Along Release I agree that while I am not an employee of the Baker City Fire Department, I have requested the privilege of riding along with the Baker City Fire Department. I recognize that while riding with the Baker City Fire Department I will be witness to situations, and conditions that have their confidentiality protected by law, and medical ethics. I have been apprised of the requirements of Health Insurance Portability and Accountability Act (HIPAA), personal and medical confidentiality and agree to keep any information I may come into possession of in the strictest confidence. I further understand that any breach of an individual's health or personal information may lead to personal liability on my part. I recognize that while riding with the Baker City Fire Department I could be exposed to the risks associated with normal operations of an emergency medical provider/transporter including but not limited to: infection, disease, accidental death and dismemberment, etc. I agree to hold harmless the City of Baker City, employees and elected officials, the Baker City Fire Department, and its officers and employees harmless from any damages to me or my belongings resulting from my ride-along experience with the Baker City Fire Department.

I, (the parent/guarding) have reviewed my child's ride-along request and I approve my child to complete a 4-hour ride-along with the Baker City Fire Department. I understand my child will have a single dedicated supervisor while he/she is participating on the ride-along and while at the station. I understand that my child may be delayed if on a ride along. If delayed the cadets assigned supervisor will notify me the parent of the delay.

Cadet Signature: _____

Date: _____

Parental Signature: _____

Date: _____

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| Official Use | | |
| This request has been received and will be scheduled within 5 days of the date below. | | |
| Fire / Assistant Fire Cadet Program Advisor: | Initials: _____ | Date: _____ |