

6575 North W Street Phone: 850-475-5530 Pensacola, FL 32505 FAX: 850-475-5535

Citizen Ride-Along Program

Program Information
And Documents



6575 North W Street Pensacola, FL 32505 Phone: 850-475-5530 FAX: 850-475-5535

Escambia County Fire Rescue (ECFR) Citizen Ride-Along Program

Often, citizens wish it were possible for them to be at the scene of fire or emergency incidents to see exactly how the incident is handled, so that they may better judge the quality of their fire department. Others are considering a career in firefighting and wish a preview of what such a career might be like. Some would simply like to see "the other side of the coin".

In response to such feelings among the residents of our county Escambia County Fire Rescue has made it possible for you to "Ride-Along" in a fire department vehicle, with members of the fire department.

We sincerely hope that by offering such a program, we may improve the state of understanding that exists between our members and the public.

This packet contains all information on the program to include standard operating guidelines (SOG's), forms and application to be completed.

Thanks for your interest in the program.

Sincerely,

Jason Catrambone Fire Chief Escambia County Fire Rescue



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How to Apply for the ECFR Citizen Ride-Along Program

Citizen Rider

- 1. Obtain a Ride-Along packet from the ECFR Fire Administration Office or any ECFR Fire Station.
- 2. Review all information and forms contained in the packet.
- 3. Complete ECFR Ride-Along application and return it to the ECFR Training Office located at 6575 North W Street, Pensacola, FL.
- 4. When turning in your packet you will sign the "Ride-Along Participation Agreement" and the "HIPAA Agreement". Please bring your driver's license or identification card with you.

ECFR Training Office

- 1. Upon receipt of the application packet the Training Office staff will review the documents to ensure completion and check applicant's requested date/station for availability.
- 2. A background check will be performed on the applicant.
- 3. Once applicant is cleared to ride they will be notified by the Training Office.

Any questions about the ECFR Citizen Ride-Along program should be directed to the ECFR Training Office.



Escambia County Fire Rescue Citizen Ride-Along Program

Purpose

The purpose of this program is to allow interested persons to ride on a departmental unit with Escambia County Fire Rescue (ECFR) personnel, during part of their 24-hour duty shift. The program is designed to increase awareness of the Escambia County Fire Rescue's emergency services, through direct contact with the medical first response/suppression personnel and their work at the scene of an accident, illness, fire or other incident.

Procedure

Persons wishing to participate in the Ride-Along Program must obtain the application packet from the ECFR Fire Administration Office or any ECFR Fire Station. Complete application and all included forms then return to ECFR Fire Training Office at least one week prior to the anticipated date of the ride. The completed packet being returned to ECFR Training will be the Ride-Along Participation Agreement, HIPAA Agreement and Ride-Along Application.

The following guidelines apply to anyone requesting to participate in the Ride-Along Program.

- □ Participants will be required to have a criminal background check completed by ECFR prior to participating.
- □ ECFR has the authority to approve or deny any request for participation in this program, or alter such request in the best interest of the department.
- Participants will be restricted to one ride ever three (3) months.
- □ Participants interested in becoming a volunteer firefighter may schedule one (1) ride per month.
- Participants must be 16 years of age or older to participate in the Ride-Along Program. Participants under the age of 18 will require parent/guardian approval and signature on ECFR Ride-Along Participation Agreement.
- □ Participant's attire shall consist of a collared shirt, casual slacks (no jeans) and comfortable shoes. Dress appropriately for weather conditions.
- □ ECFR has the authority to revoke an authorization at any time if a participant's conduct is not in the best interest of the department.
- □ The participant's ride shall last no longer than twelve (12) hours. Participants may not ride before 8:00 a.m. or later than 8:00 p.m.
- □ The participant may only observe operations/activities from a safe location. No Ride-Along participant is allowed to engage in, or otherwise participate in, tactical operations at the emergency scene, or physical training activities.
- Participants will be provided disposable earplugs or ear muffs to be worn during all Emergency (lights and sirens) responses and while at the incident scene.
- Participants will be provided a traffic safety vest to be worn whenever the apparatus is out of the station.

Escambia County Fire Rescue Citizen Ride-Along Program Application

Application must be filled out prior to participation and returned in person to Escambia Fire. **NO ONE** will be allowed to participate unless all necessary paperwork is completely filled out and signed.

APPLICANT INFORMATION Please fill in the information requested below. Prior to you being allowed to participate, the assumption of risk agreement must be completed with your signature being witnessed by a representative of Escambia County Fire Rescue. The completed form must be returned to the ECFR Training Office at least seven (7) days prior to your requested participation. Any false information or omissions on this application may result in disqualification for ride-along privileges. Escambia County Fire Rescue reserves the right to deny ride-along privileges for any reason, without prior notice. All documents will be reviewed by the ECFR Training Office. You will be contacted to inform of approval or denial. Full Name Date of Birth Home Address HM/WK Phone Number Driver's License Number Cell Phone Number State Place of Employment or School Gender (circle): Male Female Position/Title Major/Study Place of Employment/School Address Business/School Phone #: Organization(s) Represented What is your interest in participating in this program? Date you are requesting to "Ride-Along" Unit You Wish To Ride How did you become aware of this program? Time you wish to "Ride-Along" (Must be after 8:00 A.M. but before 8:00 P.M. and for no more than twelve [12] hours total.) Please answer the following by placing a 'Y' for yes, or an 'N' for no, in the box to the right of the question: Have you ever been charged or convicted of a criminal Are you subject to a court order restraining you from offense? Please list the offense, date, and location: harassing, stalking, or threatening an intimate partner or child of such a partner? Are you under indictment or do you have charges Are you currently taking any medication that could pending in any court for any crime? impair your judgment in a stressful situation? Have you ever participated in this program? Are you an unlawful user of marijuana, any depressant If yes, when did you last participate? or stimulant, or any controlled substance? I have read and understand the procedure for the Ride-Along Program of Escambia County Fire Rescue. I give consent to Escambia County to perform a criminal background check. The above information is true and accurate to the best of my knowledge. Signature of Applicant: Printed Name: FOR FIRE DEPARTMENT USE ONLY ☐ Yes Failed to appear □ No Approved: ___ Refused to allow applicant to ride Signature: Explain: Comments: __Terminated applicant's ride before scheduled time Rode with: Explain:

Return completed form in person to the ECFR Training Office at the Escambia County Fire Rescue, 6575 North W Street, Pensacola, FL 32505. If you have any questions, please call 850-475-5530.

Escambia County Fire Rescue Ride-Along Participation Agreement

Assumption of Risk, Indemnity Agreement, And Covenant not to Sue

Ι,	have requested that the Escambia County Fire Rescue allow me to come
_	with Fire Department personnel on emergency equipment as part of the
-	ng Program. I am fully aware of the inherent risks associated with my
	which include, but are not limited to bodily injury, physical disability, physical
	amage resulting from the risks of motor vehicle accidents, exposure to
	ying Fire personnel into high crime areas and the general uncertainty surrounding
	erstanding these risks, it is still my decision to participate in the Ride-Along
_	a County Fire Rescue allowing me to participate; I assume full responsibility for
	gal representatives, heirs, and assigns, will hold Escambia County, Florida, its
	e for any injuries, disabilities, physical and mental diseases, death, property
	ure whatsoever that I may sustain as a result of my participation in the Ride-
	gligence of Escambia County, Florida, its officers, employees and agents, or
otherwise.	
I further agree to indemnify hold	harmless, and to assume the defense of Escambia County, Florida, its officers,
_	l expenses of any nature whatsoever, including the cost of defending such claims
	r recovered from or sought to be recovered from Escambia County, Florida, its
	of my participation in the Ride-Along Program.
onicols, omproject und agents, as a result	or my parate parton in the read ready regime.
I understand that this agreement is	s intended to be as broad and inclusive as permitted by the laws of the State of
Florida, and that if any portion thereof is h	neld invalid, it is agreed that the balance shall, not withstanding, continue in full
force and effect.	
_	on to participate in the Ride-Along Program is granted subject to the rules and
	tue and such permission may be restricted to specified periods of time or revoked
entirely by Escambia County Fire Rescue	in its sole discretion.
My Signature	this day of,
Printed Name:	
Witness Signature:	thisday of,
	,,,
****IF UNDER 18 YEARS	S OF AGE, PARENT/GUARDIAN MUST COMPLETE BELOW****
As Parent/Guardian of	, I hereby state that I have read this agreement and explained its terms to my child.
	ry child and on my own behalf. I agree that all references to agreements or statement of
the ECFR Ride Along policy shall be consid-	ered to be references to me as well as my child and that for purposes of this agreement.
Parent/Guardian Signature:	Date:
Parant/Guardian Printed Nama:	Date of Rirth of Minor

Escambia County Fire Rescue (ECFR) Ride-Along Program HIPAA Participant Agreement

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (as amended) 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, ECFR 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 ECFR 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, news articles); the ECFR Training office 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 ECFR Training Chief or his designee.

As a participant in the Escambia County Fire Rescue 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, Florida State Statute 456.057(7)(a) and federal regulation 45 CFR 164.502 as amended.

Ride-Along Participant Signature	Date
Printed Name of Ride-Along Participant	
Times Times of Time Times Times Times Times	
Witness	Date

Dear Ride-Along Participant, Escambia County Fire Rescue hopes that your Ride-Along experience has been informative, enlightening and has given you an insight into the issues confronting the fire department, your firefighters, and your community. Any comments you have, positive or negative, will be appreciated. Sincerely, Jason Catrambone Fire Chief RIDE-ALONG PARTICIPANT COMMENTS What impressed you the most about your ride? In what way did this experience affect your attitude toward Escambia County Fire Rescue? Relate any suggestions and/or criticisms of the program.

Do you think the Ride-Along program should be retained? If so, how could it be improved?

Name of Ride-Along Participant _____ Age ____

Escambia County Fire Rescue thanks you for your participation in this program, and for your responses to our questions. They are asked in an attempt to upgrade the Ride-Along program for future participants.

Completed form can be returned to the ECFR Training Office at 6575 North W Street, Pensacola, FL 32505.

Rules, Policies, and Guidelines

1205.035

Citizen Ride-Along Program

Implemented: 5/22/15

Revised:

Patrick T. Grace, Fire Chief Page 1 of 7



PURPOSE:

The purpose of this policy is to establish a Ride-Along program and the procedures that will govern the program. This program is enacted to allow eligible citizens the opportunity to observe the day-to-day operations of Escambia County Fire Rescue and its personnel; to promote understanding of the duties carried out by those personnel; and to provide an educational experience for those citizens. This policy will provide a standardized process for determining program eligibility.

OBJECTIVE:

Escambia County Fire Rescue (ECFR) encourages interested citizens to familiarize themselves with the facilities, equipment and operations of Escambia County Fire Rescue. This is accomplished by touring station facilities and participating in ECFR's Citizen Ride-Along Program.

Coordination of the Citizen Ride-Along Program will be managed by the ECFR Training Office. (Ride-Along Program Coordinator)

SCOPE:

All personnel and any citizen desiring to participate in the ECFR Citizen Ride-Along Program

ELIGIBILITY:

Applicants will be required to have a criminal background check completed by ECFR prior to participating. The following acts of conduct may disqualify a citizen from being approved to participate in the program:

- 1. A citizen, who is the subject of an active criminal investigation or prosecution, or convicted of a felony, shall not be permitted to participate in the program.
- 2. A citizen, who is the subject of a restraining order for a person or address in or near Escambia County, shall not be permitted to participate in the program.
- 2. The Fire Chief, or his/her designee, whose decision is final, will evaluate a citizen for participation in the program who has a prior arrest history for a misdemeanor.

Law prohibits denial of the privilege to participate in the program on the basis of race, color, gender, religion, national origin, age, disability, marital status, pregnancy, sexual orientation and gender identity, or any characteristic protected by law. ECFR retains the right to deny participation to any citizen for the reasons specified herein and to disclose only such information as may be required by law.

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PROCEDURE

Application and Program procedures are as follows:

1. A citizen who wishes to participate in the program must read this policy, complete and submit the Ride-Along Program Application, Participation Agreement (Release/Waiver Form) and the Ride-Along HIPAA Agreement form. A copy of the applicant's state-issued driver's license or identification card will also be included. Completed forms should be submitted to the ECFR Training Office to initiate the approval process.

Applications must be submitted at least one week prior to your requested ride-along date. Applicants may either mail or bring in the documents to: 6575 North W Street, Pensacola, FL 32505.

- 2. Each participant must be at least sixteen (16) year of age or older.
- 3. Upon receipt of the results from the background check, the Ride-Along Program Coordinator will notify the applicant if he/she is approved to be a participant in the program. If approved, the applicant may schedule a ride-along date/time.
- 4. Only one participant will be permitted per station during a shift. The Ride-Along Program Coordinator may grant exceptions. Those participants who are fire certified, EMT certified, or interested in becoming a firefighter may schedule one ride-along per month.

Those participants who are not fire certified, EMT certified, or not interested in becoming a firefighter are limited to a total of four (4) ride-alongs, no more than one (1) per quarter.

- 5. Ride-alongs can be scheduled at any ECFR station between the hours of 8:00 am and 8:00 pm, Monday Saturday, excluding holidays. If unable to participate on these days due to work commitment, exceptions will be discussed on a case-by-case basis.
- 6. The on-duty Battalion Chief may, at his/her discretion, suspend a scheduled ridealong due to operational circumstances, i.e., riots, storms, disasters, etc.

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RIDE-ALONG PARTICIPANT RESPONSIBILITIES:

A. Dress and Appearance

- 1. Ride-Along participant shall be neat and clean in appearance. Their personal hygiene and grooming must be acceptable to the assigned unit officer and Battalion Chief. While participating in the Ride-Along Program, the Ride-Along participant is, in effect, representing Escambia County Fire Rescue.
- 2. Attire at all times will be long pants, a shirt with a collar or a plain tee shirt (other than white, gray, or red), and if needed, a jacket. No writing or artwork is allowed on clothing, except small brand logos which are acceptable. Riders must wear flat, closed-toe shoes (steel-toe shoes are strongly recommended). Shorts and tank tops are prohibited.

Ride-Along participants shall not dress in a manner that may cause them to be confused with Escambia County Fire Rescue personnel, i.e. blue on blue clothing, blue BDU's etc.

The Battalion Chief or assigned unit officer will make the final decision regarding any questions pertaining to suitability of attire. Ride-Along participants from agencies other than Escambia County Fire Rescue may wear their agency uniform if approved by the Ride-Along Program Coordinator or Battalion Chief.

- 3. Ride-Along participant shall wear no jewelry, except a ring and a watch are permitted.
- 4. No visible body piercing (or piercing holes), to include ears (except by females), nose, eyebrows, and tongues. Earrings worn by females should be small posts, no "gauges" or earrings that could interfere with performing assigned duties. Piercing holes larger than those necessary to accommodate a small post earring, must be closed or covered.
- 5. A department provided identification vest or identification badge shall be worn at all times to identify the person as a Ride-Along. The vest or badge shall be turned in to the assigned unit officer and returned to the company officer's office at the conclusion of the ride.

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B. Health and Safety

- 1. Ride-Along participant must not become physically or verbally involved in an incident. Under no circumstances will a Ride-Along participant be permitted to enter a building that is or has been on fire until such time as the Incident Commander has declared the fire under control, all smoke has been cleared from the building, and the building has been determined to be safe for entry by non-operational personnel. Fire department personnel shall directly supervise such entry.
- 2. The possession of firearms is not allowed in any Escambia County Fire Rescue fire station or on any fire apparatus/vehicles.
- 3. Ride-Along participant may not be under the influence of alcoholic beverages or drugs during a ride-along. The assigned unit officer will not allow the Ride-Along participant to ride along if there is any reason to suspect that the Ride-Along participant is under the influence.
- 4. Ride-Along participant shall wear a seat belt as per State of Florida Law and ECFR Standard Operating Procedure "Seat Belt Usage."
- 5. Ride-Along participant shall carry a valid State of Florida or Government Issued Drivers license or identification card with them during the ride along.
- 6. Per the Escambia County No-Smoking Policy, tobacco usage is only allowed in designated "smoking areas". Per the policy, smoking is not allowed in County facilities or vehicles. Tobacco usage is defined as the use of tobacco in any manner or form.
- 7. Rid-Along participants are responsible for determining whether they are physically and psychologically healthy enough for a ride-along, and whether they are currently impaired due to illness, injury, medication, or the like. In any case of doubt, the Ride-Along participant should postpone the ride-along activity to another date.

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C. Conduct

- 1. Ride-Along participants are permitted in the day room, kitchen, truck room and rest rooms only. Offices are off limits unless accompanied by an officer. Bunkrooms (bed rooms) are strictly off limits. Any computer use will be under the supervision of the assigned unit officer.
- 2. A Ride-Along participant scheduled during meal times (breakfast, lunch or dinner) should bring food in for that day or check with the assigned unit of ficer to inquire about "buy-in" for meals, as food is not provided.
- 3. Ride-Along participants are expected to stay the whole time they are scheduled unless there is an emergency, at which time the assigned unit officer and the Battalion Chief should be notified.
- 4. Ride-Along participant will follow directives from officers at all times and are expected to behave in a respectful and courteous manner. Failure to follow the directions of the officers will result in loss of the privilege to participate as a Ride-Along participant.

D. Patient Privacy

- 1. At no time will Ride-Along participants be permitted to take pictures or use a video camera or any other audio-visual recording device while on the scene of an incident. Requests for media to ride along will be dealt with separately through the Fire Chief and the Escambia County Public Information Office.
- 2. All Ride-Along participants will treat PHI (private health information) as strictly confidential. The disclosure of PHI outside of the organizations who are working with the patient is strictly forbidden.
- 3. Ride-Along participants may not take, copy, or transmit response documents with individually identifiable information such as name, address, Social Security Number, photograph, medical history, or other information from which identity can be inferred.

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DEPARTMENT PERSONNEL RESPONSIBILITIES:

A. Battalion Chief

- 1. No confidential information will be discussed in the presence of a Ride-Along participant.
- 2. Assign participant to a unit and include the Ride-Along participant's name and officer to whom he/she is assigned on the duty roster.
- 3. Determine whether a crew has appropriate qualifications and equipment to take a Ride-Along participant on a ride-along.

B. Assigned Unit Officer

- 1. Check driver's license/identification card to properly identify Ride-Along participant as the one that is scheduled and provide participant a ride-along vest or badge. This vest or badge should be collected at the end of the ride-along and returned to the officers' office.
- 2. Advise the Ride-Along participant that the occupant restraint system (seatbelts) must be used at all times while the vehicle is moving.
- 3. Advise the Ride-Along participant of what will be expected at the scene of an emergency, and that they will not be allowed to become directly involved at the emergency scene.
- 4. Monitor the Ride-Along participant and ensure that the Ride-Along guidelines are adhered to.
- 5. Report any problems or concerns to the appropriate Battalion Chief and Ride-Along Program Coordinator. A Ride-Along Follow-up Report will be completed at end of each ride and submitted to the Ride-Along Program Coordinator.
- 6. The Ride-Along participant is not to participate in any emergency operations or to assist with any operations of fire apparatus (i.e. operating pump, grounds person, etc.).

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- 7. Safety of the Ride-Along participant should be ensured at all times during emergency operations:
 - a. Maintain a safe distance from the emergency scene such that the Ride-Along participants' safety is not compromised.
 - b. On a fire scene, the Ride-Along participant should remain with the unit unless otherwise instructed.
 - c. On a medical call, the Ride-Along participant should remain at the distance instructed until such time an assessment of the situation is completed and the Ride-Along participant is redirected.

A Ride-Along participant may do the following activities:

- Assist in washing units
- Assist in station cleanup within designated areas
- Other duties at the discretion of the assigned unit officer or Battalion Chief
- Any lifting will be limited to less than 20 pounds

Ride-Along participants will not be given Fire Station door codes for any reason.



Escambia County Board of County Commissioners

Human Resources Department

STATEMENT – SOCIAL SECURITY NUMBER COLLECTION

ATTENTION - THIS STATEMENT MUST BE READ

"Please be advised that Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119."

The following serves as written notification of the collection and purpose thereof:

"Escambia County Board of County Commissioners has requested your social security number for the following specific purposes: to process and report wages pursuant to the Social Security Administration Act; to report income pursuant to the federal Department of Internal Revenue Service; to initiate and process applicant, volunteer, contractor, or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair Credit Reporting Act, to comply with any requirements imposed on the County by banks or credit card companies to verify identities for the issuance of credit cards or purchasing cards, for drug screening test identification; and to process your employment benefits/retirement."

I,	acknowledge that I have read, understand
(Print Name)	
and have received a copy of this	written notification.
(C:	
(Signature)	(Date)
Social Security Number:	