



MERCED FIRE DEPARTMENT RIDE-ALONG REQUEST FORM

Today's Date: _____

Organization Name, If Applicable: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No.: _____ Cell Phone No.: _____

Date of Birth: _____ Driver's License No.: _____

Purpose of Your Request for a Ride-Along:

Did you Ride-Along with the Merced Fire Department in the past six months? Yes No

Are you current an applicant for employment with the City of Merced?
Yes List the position applied for and the date you applied: _____
No

Date Requested: _____ Area or Station Requested: _____

Signature of Applicant: _____ Date: _____

If applicant is under 18 Years Old,
Parent or Legal Guardian Signature: _____ Date: _____

Printed Name of Parent or Legal Guardian: _____

Merced Fire Department Action			
Approved:	<input type="checkbox"/>	Date: _____	Time: _____ Unit: _____
Denied:	<input type="checkbox"/>	Reason: _____	
Signature of Fire Chief or Deputy Fire Chief: _____			
Printed Name of Fire Chief or Deputy Fire Chief: _____			





MERCED FIRE DEPARTMENT RIDE-ALONG VISITOR STATEMENT and WAIVER OF LIABILITY FORM

USE OF PERSONAL HEALTHCARE INFORMATION, CRIMINAL JUSTICE INFORMATION, DEPARTMENT OF MOTOR VEHICLE RECORD INFORMATION, AND CONFIDENTIAL INFORMATION

As a visitor of the Merced Fire Department, you may have visible access to personal healthcare/medical information, criminal information, Department of Motor Vehicle record information, and/or information, which is considered confidential by statute.

Misuse of such information may adversely affect an individual's civil rights and violates the law. Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191 prescribes personal healthcare information crimes; Penal Code Section 502 prescribes the penalties relating to computer crimes; Penal Code Sections 11140 – 11144 and 13301 – 13305 prescribe penalties for misuse of this information; and the California Vehicle code 1808.45 prescribes the penalties relating to the misuse of Department of Motor Vehicle record information.

"Any person who knowingly furnishes a record or information to a person not authorized by law to receive the record or information is guilty of a misdemeanor."

As a visitor of the Merced Fire Department, these laws apply to you. Your signature below indicates that you understand this information regarding the misuse of criminal record information, Department of Motor Vehicle record information and confidential information.

The undersigned, _____, has made a voluntary request for permission to ride as a guest or observer in a Merced Fire Department vehicle at a time when such vehicle is operated and manned by member or members of said fire serve agency during the active performance of their duties as Firefighters.

The undersigned acknowledges the work and activities of said fire department personnel are inherently dangerous and involve possibly risks of injury, death, and damage or loss to person and property. The undersigned further understands said risks may arrive from, but are not limited to fires; explosions; hazardous materials; vehicular collision; and the effects of wind, rain, fire, and gas; and freely and voluntarily assumes all of said risks, whether or not they are listed herein.

In consideration of my participation in the "Ride-Along" program that is the subject of this agreement, the undersigned and his/her parent or guardian, if under the age of 18, shall indemnify, protect, defend, save and hold the City and its officers, employees, and agents harmless from any and all claims or causes of action for death or injury to persons, or damage to property resulting from intentional or negligent acts, errors, or omissions of the City of Merced and its officers, employees, agents, and volunteers, or of any other party, including the undersigned, arising from the participation of the undersigned in this activity.

The undersigned acknowledges that he/she has read the foregoing, is fully and completely aware of the potential dangers incidental to participating in the program and is aware of the legal consequences of signing this release of liability.

Signature of Applicant: _____ Date: _____

If applicant is under 18 Years Old, Parent or Legal Guardian Signature: _____ Date: _____

Printed Name of Parent or Legal Guardian: _____

