

It is the policy of MedStar Ambulance, Inc. to provide equal opportunity to participants without regard to race, Color, religion, sex, national origin, age, disability, martial status, or unfavorable discharge form military service.

Please fill out this request form legibly and completely. If you are already licensed as an EMT or above, please include a copy of your Illinois EMT license, CPR card and other appropriate certifications. All information is for verification purposes only, and will remain confidential. We are required to maintain current records as to who is working and/or riding on our ambulances at all times. Should any of this information change, please keep us updated as soon as possible.

Name (Last, First, Middle Initial)	Date of Request
Address (Street, City, State, Zip Code)	
Primary Phone Number Where You Can Be Reached	Other Phone Number(s) Where You Can Be Reached
Are You Over 18 Years Old	Are You Able to Perform the Routine Functions of Ambulance Personnel in the Event You May Need to Assist the Crew?
Social Security Number	Illinois EMT License Number (If applicable)
Current Status (EMT< EMT Student , RN, etc	Are you Currently an EMT Student?
If Yes, What Level of EMT Class are You Currently Enrolled In (A,I,P or FRN)?	If, Yes When Do YOU Anticipate Completing the Course & Becoming Licensed?
Have you started/completed the Hepatitis-B Vaccine Series? (Indicate which & Date Complete)	Have you Had A TB Skin Test Within the Last Year? (Indicate Results)
REASON FOR REQUEST	COMMENTS

CERTIFICATION / LICENSURE INFORMATION

<i>Certification / License</i>	<i>Level</i>	<i>License Number</i>	<i>Expiration Date</i>
Illinois EMT License			
National EMT License			
CPR Card			
Drivers License			
ACLS			
BTLS			
HAZMAT			
Other			

EMERGENCY CONTACT INFORMATION-EMERGENCY USE ONLY

Emergency Contact Name	Relationship
Address (Street, City, State, Zip Code)	
Home Phone Number	Work Phone Number
Additional Emergency Contact Information:	

Waiver of Liability and Hold Harmless Agreement

I hereby request permission to ride along in a MedStar Ambulance during my tenure as a participant. In consideration for being granted permission to ride in a MedStar Ambulance, I hereby indemnify, hold harmless, release and discharge MedStar, and any of its officers, employees, and agents from any liability to me, my employer, my assigns, my heirs, my executors and personal representatives now and forever, for any claim by reason or on account of injury to myself or my property, whether by reason of accident, intention or neglect, during such time that I may be in a vehicle of MedStar or in the company of an officer, employee, or agent of MedStar Ambulance, Inc. discharging his/her duties, including the costs of defense of such claims.

In addition, I agree to indemnify and hold harmless MedStar, its employees, agents and assigns for any and all claims, losses or liability which arise as a result of my conduct, whether it be intentional, negligent, or accidental, while I am a participant in the Ride Along Program, including, but not limited to, an officer, employee or agent of MedStar Ambulance, Inc., while he/she is acting or discharging his/her duties on MedStar's behalf.

I have been advised of, and aware of, the dangers and risks involved in riding on and working around emergency vehicles and situations. I assume all risks of death, injury, loss or damages to my person or property, whether due to accident, intention or neglect, and neither myself nor any of my representatives shall have any claim against MedStar Ambulance Inc., their officers, agents or employees, by reason of my death, loss or damage.

Notice of Potential Exposure of Bloodborne Pathogens

As a participant in the MedStar Ambulance Inc. Ride Along Program, I understand that:

1. There is an inherent risk of exposure to communicable diseases, due to the potential presence of blood and other bodily fluids. These potential diseases include, but are not limited to: Hepatitis, AID/HIV, Tuberculosis and Meningitis.
2. I understand that I will be provided with appropriate personal protection supplies and equipment, including gloves, masks, gown and goggles when appropriate. I understand that the wearing of gloves is considered MANDATORY as a minimum protection when dealing with ALL patients. I agree to follow "Universal Precautions" to reduce my risk of exposure to communicable disease.
3. I understand that if I know that I have been exposed to any communicable diseases, I have the obligation to notify MedStar Ambulance Inc. and the crew I will be riding with, IN ADVANCE of my shift, and that MedStar reserves the right to prohibit me from riding on their ambulance until I present written certification from my physician that I no longer present a threat of passing any diseases to others.
4. I understand that I have the right to obtain, at my expense, Hepatitis-B vaccination series to greatly reduce the chances of getting Hepatitis-B in the event of my exposure, and that MedStar strongly encourages me to do so. If I am participating as an EMT-I/P/FRN student, I understand that I must have started the HBV vaccination series, and provide written documentation to MedStar, prior to riding.
5. I understand that I will be notified by MedStar Ambulance, Inc. if I was exposed to a patient with a communicable disease, and that fact is discovered after my shift is over. Follow up evaluation and treatment remains my personal responsibility, at my expense.
6. I understand the risks, and I understand that MedStar Ambulance, Inc. is not responsible or liable if I acquire a communicable disease while on their ambulance, when proper equipment and supplies were made available to me and I chose not to use them, or to use them improperly, or due to my decision not to avail myself of proper vaccination or other preventative measures which are or may be available to me through my personal physician.

General

1. I have received a copy of, and have read, the guidelines pertaining to participation in the MedStar Ride Along Program. I agree to abide by them, and I understand and I agree that I may be prohibited from any future participation in the Ride Along Program for failure to follow any of the current, or future, rules of the program. I understand that these rules are subject to change or revision at any time, and I agree to follow any changes or additions to the rules.
2. I agree to follow the directions of the crew with whom I am riding and any supervisory or management representative of MedStar.
3. I understand and agree that by allowing me to participate in the ride along program, MedStar Ambulance Inc. makes NO offer or guarantee of future employment. I understand that if I am interested in pursuing employment, I must properly complete an application, and that I will be considered equally for any available positions along with any other applications on file at that time. I further understand that participation in the Ride Along Program is not necessary in order to be considered for employment with MedStar, but do understand that participants maybe considered before non-participants for employment.
4. MedStar Ambulance, Inc. reserves the right to refuse any request, for any reason, and to further prohibit any person at any time from further participation in the Ride Along Program.
5. If I am riding as an EMT-I/P/FRN student, I agree to provide and maintain current copies of my appropriate licenses on file with MedStar including: Illinois EMT license, CPR card, ACLS & ITLS cards. I further agree not to become involved in any activity or procedure which I am not legally authorized or licensed to do.
6. I understand that I am participating in this program only as an observer. I agree not to represent myself as an employee or agent of MedStar Ambulance, Inc. in any way. I understand that acceptance into this program does not in any way constitute a contract of any sort, and that I am not entitled to any compensation or other benefits to which MedStar employees may be entitled.
7. I understand that due to rules of "Patient Confidentiality" that I am not to discuss personal information about patients or employees to whom I may be exposed. Violation of this rule will result in my immediate removal from the program. I further understand that disclosure to unauthorized persons of private or confidential information about patients, employees or MedStar operations will result in my immediate removal from the program, and could result in further legal actions. I understand that I must complete HIPAA training before I can begin riding.
8. I understand that I may NOT drive or operate any MedStar vehicle for any reason at any time, unless I am instructed to do so by an member of management in an extreme circumstance.
9. I certify that I am at least 18 years of age. I have thoroughly read and understand this agreement that I am signing. I am entitled to a copy of this completed request form, should I desire.

Signature of Participation

Date Signed

FOR OFFICE USE ONLY

- Approved Date: _____ By: _____
- Disapproved Reason: _____