



# CHICAGO FIRE DEPARTMENT

## *Bureau of Operations*

### *Division of Training*



The Chicago Fire Department (CFD) has established the following criteria for application to, and for participation in, the Ambulance Ride-Along Program. The program provides individuals with the opportunity to observe CFD field operations and to become familiar with the functionality and utilization of the department's apparatus. A description of the Ambulance Ride-Along Program, program prerequisites and requirements are outlined below.

## **Ambulance Ride-Along Program Outline**

As of January 1, 2011 the Ambulance Ride-Along Program is limited to:

- Physicians and nurses affiliated with Region XI Hospitals;
- EMT and paramedic students from the City Colleges of Chicago;
- EMT(s) and paramedics from the Chicago Police Department and the Chicago Office of the Federal Bureau of Investigation;
- Medical students from Rush University, University of Chicago and the University of Illinois medical schools;
- off duty members of the Chicago Fire Department enrolled in EMT and paramedic programs; and
- Office of Emergency Management and Communications (OEMC) staff.

### **NOTES:**

- All riders must complete a current Ride-Along Application, waiver of liability form, and submit a copy of a valid State Issued I.D. (driver's license or I.D. card).
- Ambulances will NOT be reserved until an Ambulance Ride-Along Waiver is received, (except for **on duty** OEMC and CPD members). Waivers are valid for one (1) year from the date received.
- Paramedic students of Malcolm X College ride with assigned CFD paramedic preceptors. These paramedic students of Malcolm X College have scheduling and ride-along precedence over all other applicants.
- Only physicians and nurses are allowed to ride on BLS ambulances.
- Ambulance companies 14, 15, 49 and 55 are typically excluded from this program, but may have limited availability.
- Riders must complete their Ambulance Ride-Along by 2200 hours, **with the exception of the paramedic students from Malcolm X College and CFD members enrolled in EMT and paramedic courses.**
- Riders that qualify and intend to stay overnight in firehouses are responsible for their own bedding, toiletries, etc.
- Riders are invited to participate in firehouse "cooking clubs" and share in firehouse meals and expenses.
- **Two (2) weeks prior notice is required for processing of applicants.** (Any exceptions require prior approval of the Fire Commissioner).



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**Ambulance Ride-Along Program Application**

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EMS / Med. Student \_\_\_\_\_ RN / ECRN \_\_\_\_\_

EMT \_\_\_\_\_ Physician \_\_\_\_\_

Paramedic \_\_\_\_\_ Other   X  

Name: \_\_\_\_\_ Telephone# \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: 8888 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Circle institution affiliation or enter here if not listed: \_\_\_\_\_

U of C                      MXC                      CFD                      NWMH                      CPD                      IMMC

Wright College                      X Rush University                      Christ Hospital                      FBI                      Stroger Hospital                      University of Illinois

Provident Hospital                      Olive-Harvey College                      Resurrection Hospital                      Truman College                      CFD/South Suburban                      Mt. Sinai Hospital

**EMERGENCY CONTACT INFORMATION:**

Name: Louis Hondros Telephone# 312-286-6876

Address: Rush University Medical Center, 1753 W. Congress Parkway, Suite 108 Kellogg

City: Chicago State: IL Zip Code: 60612

Relationship: Rush Advanced Trauma Training Program Course Director

REQUESTED DATE: \_\_\_\_\_ REQUESTED AMBULANCE: \_\_\_\_\_

***This form MUST be submitted at least two (2) weeks prior to the requested date.***

**For office use only**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Ride Date: \_\_\_\_\_

District Chief of Training Ride Ambulance: \_\_\_\_\_



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**Ambulance Ride-Along Program Waiver** *This waiver must be signed by the participant before ride-along approval will be granted.*  
*A minimum of two (2) weeks prior notice is required for processing.*

For and in consideration of the undersigned being given the opportunity to observe emergency medical services provided by the Chicago Fire Department (CFD) by riding on or in a chief's vehicle, ambulance or any other equipment operated by members of the department and by any and all means of observation whatsoever, the undersigned, in order to avail himself/herself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby releases the City of Chicago, its officials, officers, and all other personnel of the City of Chicago from any and all liability whatsoever for any injuries, death, damages, and claims the undersigned, their heirs, dependents, and assigns may sustain in and about any firehouse or fire installation, chief's vehicle, ambulance, or any other equipment or in any other way during the course of the observation, training and studies by the undersigned of the operations and functions of the CFD.

In addition, the participant shall not record or have recording devices on their person, relay, and/or transcribe any actions performed by any CFD personnel while participating in this program, without the expressed written consent of the Fire Commissioner. Also, while participating in this program, the participant will refrain from the use of any social media, social networking, or mobile social networking.

It is further understood by the participant that he/she shall obey the instructions of the supervisor of the apparatus and/or the incident commander with regards to the safety of the participant. In addition to the above, the undersigned is aware that situations may arise where injury may occur, while riding with the CFD. Situations include, but are not limited to, hostile and abusive crowds, scenes where shootings, stabbings, and other violence has occurred, or has the potential to occur upon arrival, walking into poorly lit and poorly maintained buildings, and the possibility of being involved in a motor vehicle accident while riding in a CFD vehicle. The undersigned accepts all risks. The City of Chicago will accept no liability for any injury or death incurred. Approval for this program does not allow the participant to engage in any firefighting activity nor to enter any structure or area involved in fire. The undersigned further assumes all responsibility for their actions while participating in this program. Specifically, but not exclusively, the undersigned holds harmless and indemnifies the City of Chicago, its agencies and agents from any and all joint or severally held liability resulting from the actions of the undersigned. Furthermore, the undersigned assumes all responsibility for self representation arising out of actions taken while a participant of this program.

**“The undersigned hereby agrees not to violate any provision of the Health Insurance Portability and Accountability Act (HIPAA) regarding the privacy of Protected Health Information of Rule 18.” All riders must submit a copy of a valid State Issued I.D. (driver's license or I.D. card).**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
Ambulance Ride-Along Program Documents

Date: \_\_\_\_\_  
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