



CHICAGO FIRE DEPARTMENT
DIVISION OF TRAINING
Ambulance Ride-Along Program Application



Registered Nurse/ECRN _____
 EMT _____
 Paramedic _____

Resident MD/ECP _____
 Physician _____
 Student/Other _____ X

Name: _____

Telephone# _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Circle the EMS System or list Institution affiliation: _____

U of C	NWMH	STROGER	IMMC	CFD	MXC
CPD	RUSH	CHRIST	FBI	Resurrection Hospital	University of Illinois
INGALLS	US MILITARY				

EMERGENCY CONTACT INFORMATION:

Name: Dr Louis Hondros Telephone# 312-286-6876

Address: Rush Univ Medical Center 1753 West Congress Pkwy, Suite 108

City: Chicago State: Illinois Zip Code: 60612

Relationship: Course Director

REQUESTED DATE: _____

REQUESTED AMBULANCE: _____
 (Assigned based on availability)

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

For office use only:

Approved by: ADCP Donna Murphy #17989
 ADCP of EMS Training

Date: _____

Ride Date: _____

Ambulance Assigned: _____



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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.

As of January 1, 2020, the Ambulance Ride-Along Program is limited to:

- Physicians and Nurses affiliated with Region 11 Hospitals;
- EMT and Paramedic students from Malcolm X College & other EMS Programs approved by the CFD Fire Commissioner;
- EMT(s) and paramedics from the Chicago Police Department, United States Military, 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

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.
- All other riders **must** obtain the expressed permission of the CFD Fire Commissioner or his/her designee.
- **Riders must complete their Ambulance Ride-Along by 2200 hours, except for 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 Waiver

*This waiver must be signed by the participant before ride-along approval will be granted.
The waiver must be able to produce the waiver when asked at any time during the ride-along.
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.** 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 STUDENTS MUST SEND A COPY OF A PHOTO ID

Print Name: _____

Signature: _____

Date: _____