



# Eugene Springfield Fire Rider/Observer Background Check Form



Dear Rider/Observer:

Eugene Springfield Fire requires a computer background check on any person who desires to ride as a rider/observer on a medic unit or fire apparatus. The City of Eugene Police Department will complete the background check and the results are kept strictly confidential within the organization. If you refuse this background check, you will be unable to ride on any medic units or fire apparatus. Please provide the information requested below and return this form to the address listed below:

Eugene Springfield Fire  
Attn Ride Along Program  
1705 W. 2<sup>nd</sup> Avenue  
Eugene, Oregon 97402

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

All other names I have ever used (e.g., maiden name):  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

Reason for wanting to ride with Eugene Springfield Fire: \_\_\_\_\_  
\_\_\_\_\_

Best Day of the Week/Date (at least two weeks out) to Schedule Ride: \_\_\_\_\_

I hereby authorize the City of Eugene to access information regarding my criminal record. I release the City and its agents from any liability related to this access.

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

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**Office Use Only**

Background check run by: \_\_\_\_\_ Date: \_\_\_\_\_ Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Reason for Failure: \_\_\_\_\_  
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Date sent to EPD: \_\_\_\_\_

Date received from EPD: \_\_\_\_\_

Notified DC, Cpt,: \_\_\_\_\_

DC Approval: \_\_\_\_\_

Station/Apparatus: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Sent Rider Packet: \_\_\_\_\_

Scheduled on E-log: \_\_\_\_\_

**EUGENE  
SPRINGFIELD**



**FIRE**

**Eugene Springfield Fire**

**Student/Guest/Trainee Confidentiality and Non-Disclosure  
Agreement**

Student/Guest/Trainee Confidentiality and Non-Disclosure Agreement

I \_\_\_\_\_ (please print your first and last name) understand that the City of Eugene and/or the City of Springfield, operating as Eugene Springfield Fire, provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of their patients. I understand that it is necessary, in the rendering of the City of Eugene and/or the City of Springfield services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected from improper use and disclosure by federal and state laws.

I agree that I will comply with all confidentiality and security policies and procedures set in place by the City of Eugene, City of Springfield and/or Eugene Springfield Fire during my experience as a student/guest/trainee with the City of Eugene and/or the City of Springfield. If at any time I knowingly or inadvertently breach the patient confidentiality or security policies and procedures, I agree to notify the Privacy Officer of Eugene Springfield Fire immediately.

I also understand that I may be exposed to other confidential or proprietary information of the City of Eugene, City of Springfield, and/or Eugene Springfield Fire and I agree not to reveal any of that information to anyone at any time.

In addition, I understand that a breach of patient confidentiality may result in immediate suspension or termination of the privilege to gain clinical experience or observe the activities of City of Eugene, the City of Springfield and/or Eugene Springfield Fire. Upon termination of this privilege for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. As a general rule, I understand that any patient or confidential information that I see or hear while a student/guest/trainee will stay here at the Cities when I leave.

I have been given an overview of the privacy policies and procedures and have been given access to review those policies. I agree to abide by all policies or my privilege to participate in clinical activities or to otherwise observe the City of Eugene, City of Springfield and/or Eugene Springfield Fire activities will be terminated.

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

Printed Name: \_\_\_\_\_



**EUGENE  
SPRINGFIELD**



**FIRE**

## **AGREEMENT AND RELEASE**

KNOW ALL PEOPLE BY THESE PRESENT: That \_\_\_\_\_(print your name) hereinafter, rider/observer, and the City of Eugene, City of Springfield and/or Eugene Springfield Fire agree as follows:

WITNESSETH:

WHEREAS, the City of Eugene, City of Springfield and/or Eugene Springfield fire, is willing to permit the above-named rider/observer to ride in, and accompany department personnel in a department vehicle while in performance of their duties, and

WHEREAS, the above-named individual desires to ride as an rider/observer and realizes the inherent risk of injury or exposure to blood borne and airborne pathogens in so riding, and does not wish to hold the Cities of Eugene and/or its officers, agents, or other personnel responsible for any harm, injury or illness, and assuming such risks.

NOW, THEREFORE, upon the signing of this Agreement, Eugene Springfield Fire will make available to the above named rider/observer an opportunity to ride as an rider/observer in a vehicle with department personnel; however, the department reserves the right to terminate observation privileges at any time.

The above named rider/observer by signing this Agreement, releases the Cities of Eugene and Springfield, from any liability whatsoever arising out of this observation ride and all activities and events incident thereto.

IN WITNESS WHEREOF, the Eugene Springfield Fire has caused these present to be signed \_\_\_\_\_ (Company Officer Name), representative, and the above-named rider/observer has accepted this Agreement and Release this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Effective from 0800 hours on this day until 2000 hours this day or until the observation ride ends.

Rider/observer shall maintain this signed Agreement and Release on his/her person at all times while riding department vehicles.

\_\_\_\_\_  
RIDER/OBSERVER SIGNATURE

\_\_\_\_\_  
EUGENE SPRINGFIELD FIRE  
COMPANY OFFICER SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN  
(if rider is under 18 yrs)





## **EUGENE SPRINGFIELD FIRE**

### **RIDER/OBSERVER/GUEST GUIDELINES**

While riding in a Fire Apparatus or Medic Unit, a rider is expected to abide by the following rules:

- 1) **Rider/Observers must wear a Fire & EMS rider/observer tag that will be issued at the beginning of the ride. The rider/observer must display the tag on his/her outermost garment at all times. The tag will be returned to the company officer at the end of the ride-along. Rider should wear no patches or logos (e.g., "Red Cross Instructor" or "EMT-B"). Dress should be dark blue or black pants and light colored shirt. Clothing should be free of holes and in good repair. Open-toed shoes are not allowed. You will be asked to leave if not in compliance with the aforementioned dress code.**
- 2) Student/Interns riders are also required to wear/obtain:
  - a) A school uniform shirt or collared plain light-colored shirt, if a uniform shirt is not provided by their program.
  - b) A name badge on their outermost garment.
  - c) Slacks (dark blue or black in color). Jeans are not permitted.
  - d) Black leather safety shoes.
  - e) All necessary safety equipment issued by the Department. The Department will issue:
    - i) One pair of wild land gloves
    - ii) One orange wild land helmet
    - iii) One wild land jacket
    - iv) One pair of eye protection
- 3) **Riders/observers under 18 years of age must sign and also have their parent or legal guardian sign the Agreement and Release form each time he/she rides. Persons younger than 16 years of age are NOT permitted to ride/observe.**
- 4) **Rider/observer/Intern must wear seat belt in the medic unit.**
- 5) **Rider/observer/Intern is not allowed to take pictures, video or audio recordings, or copy any protected health information, unless permission is granted in writing by the EMS Chief.**
- 6) **Please remember you are a guest at fire stations and station personnel may ask you to leave at any time. Lunch is NOT provided. You are advised to bring your own sack lunch if you are scheduled to ride during any meal times or if your ride will be more than 4 hours long. If you plan to "buy in" with the crew for any meals, please plan to bring enough cash to cover your own meal.**
- 7) **Report any and all injuries to the station captain and senior medic.**
- 8) **A rider's actions are scrutinized by the public and a reflection of the organizations. Your demeanor and behavior must **BE PROFESSIONAL** at all times.**