



# CHICAGO FIRE DEPARTMENT

## *Bureau of Operations*

### *Division of Training*



The Chicago Fire Department has established the following criteria for application to the Officer Development Program and for participation in the Ambulance Ride-Along Program. Both programs provide individuals with the opportunity to observe Chicago Fire Department (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, and the application process are outlined below. Civilian participation in either program will only be allowed by permission of the Fire Commissioner.

## **Ambulance Ride-along Program**

As of January 1, 2011 the ride along program is limited to:

- Physicians and nurses affiliated with Region XI Hospitals.
- EMT-B and EMT-P students from the City Colleges of Chicago.
- EMT-B's and EMT-P's 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-B and EMT-P programs.
- Office of Emergency Management and Communications (OEMC) staff.

### **NOTE:**

Ambulances 14, 15, 49 and 55 are reserved ambulances and have limited availability.

Paramedic students at Malcolm X College ride with assigned preceptors. Those ambulances are not available to others during their scheduled ride period.

All riders must complete a current waiver of liability form and submit a copy of a **State Issued I.D.** (driver's license or ID card).

Riders must be off ambulances by 2200 hours, *with the exception of the paramedic students from Malcolm X College and CFD members enrolled in EMT-B and EMT-P courses who are riding for 16 hours).*

Ambulances will NOT be reserved until a waiver is received, (except for **on duty** OEMC and CPD members). Waivers are valid for one year from the date received.

Only physicians and nurses are allowed to ride on BLS ambulances.

**Two (2) weeks prior notice is required for processing.** (limited exceptions).

**APPLICATIONS AND WAIVERS SHOULD BE FAXED TO EMS TRAINING OFFICE  
AT: (312) 746-6541**



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**Ambulance Ride-along Application**

EMT Student \_\_\_\_\_ RN / ECRN \_\_\_\_\_

EMT-B / EMT-P \_\_\_\_\_ Physician \_\_\_\_\_

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

email: \_\_\_\_\_

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

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

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

- |                    |                      |                       |                |                    |                        |
|--------------------|----------------------|-----------------------|----------------|--------------------|------------------------|
| U of C             | MXC                  | CFD                   | NWMH           | CPD                | IMMC                   |
| Wright college     | 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: \_\_\_\_\_ Telephone# \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

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

***This form MUST be submitted at least 2 weeks prior to the requested date***  
***Fax to: (312) 746-6540***

<b><i>For office use only</i></b>	
Approved: _____	Date: _____
Peter Van Dorpe District Chief Division of Training	Ride Date: _____
	Ride Ambulance: _____



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**Ambulance Ride-along Program**

*This waiver must be signed by the participant and notarized 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 of observing emergency medical services of the Chicago Fire Department 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 Chicago Fire Department.

In addition, the participant shall not record or have recording devices on their person, relay, and/or transcribe any actions performed or personnel of the Chicago Fire Department while participating in this program, without the expressed written consent of the Chicago Fire Department. 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 I am aware situations may arise, that injury may occur, while riding with the Chicago Fire Department. Some 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 when I arrive; walking into poorly lit and poorly maintained buildings; and possibly being on an ambulance or other vehicle that becomes involved in a motor vehicle accident. I accept all risks as the City of Chicago will accept no liability for any injury 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 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”**

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

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

Notary: