

Upper Perkiomen Valley Ambulance Association



2199 East Buck Road
Pennsburg, PA 18073
215-679-5989



www.UpperPerkAmbulance.org

Emergency: Dial 911

REQUIREMENTS FOR UPVAA RIDE ALONG PROGRAM

Age and Parental Consent. Participants must be at least 16 years of age. Any participant under 18 years of age must have a parent or legal guardian co-sign the consent form. All participants 18 years of age and older must sign the consent form.

Orientation. All participants will meet with the duty crew(s) at the beginning of the shift for a brief orientation.

Observer Status. At no time will the participant engage in any type of patient care. This includes lifting and moving patients. **PARTICIPANTS ARE OBSERVERS ONLY.**

Patient Privacy. Participants will be briefed on UPVAA's Privacy Policies and practices, which include but are not limited to, the Health Insurance Portability and Accountability (HIPAA) requirements. UPVAA considers patient privacy a top priority and reserves the right to remove any participant who potentially breaches confidentiality. The participant shall not take photographs or videos at any time while on a call.

Professional Conduct. Participants are to conduct themselves in a professional manner at all times. Cursing and inappropriate language, jokes, or other actions shall not be tolerated. Participants may be removed from the program at any time at the crew's discretion.

Dress Code. Participants must wear dark pants / dark jeans, closed toe shoes or boots, and a plain dark blue or black shirt.

Shifts. Ride along shifts are at the discretion of the Chief and contingent on call volume, scheduling concerns, and availability of crews. Generally, ride along shifts are limited to 12 hours with exceptions granted by the Chief.

The Chief of UPVAA reserves the right to disallow any ride along participant or applicant at his discretion.

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Ride Along Program Consent and Release

Complete and return to UpperPerkAmbulance@gmail.com

I, _____, for myself, my heirs, executors, administrators, and assigns, do hereby remise, release, quitclaim, and forever discharge and hold harmless the Upper Perkiomen Valley Ambulance Association (UPVAA), its agents, officers, employees, assigns, and Trustees, from any and all liability, known or unknown, potential or otherwise, including but not limited to personal injury and contraction of any illness or disease. I have read and understood the above information, and additional information including Blood Borne Pathogens and Occupational Safety and Health Administration (OSHA) materials that have been made available to me. *I agree to comply with standards and operating guidelines put forth by UPVAA.*

Ride Along Applicant's Information	Emergency Contact Information
Name: _____	Name: _____
Address: _____ _____	Relation: _____
Phone: _____	Phone: _____
Email: _____	
Birthday: _____	
X _____ <i>Applicant Signature</i>	If Applicant is under the age of 18, a parent or legal guardian must also sign:
Date: _____	X _____ <i>Parent or Legal Guardian's Signature</i>
Dates Requested: _____ _____ _____	_____ <i>Parent or Legal Guardian's Printed Name</i>
	_____ <i>Applicant's School District</i>
	NOTE: A MINOR APPLICANT MUST SUBMIT VALID A WORKING PERMIT AND ABIDE BY APPLICABLE WORK RESTRICTIONS.