



## BILOXI FIRE DEPARTMENT

170 PORTER AVE.  
BILOXI, MS 39530  
EMAIL: [bfd@biloxi.ms.us](mailto:bfd@biloxi.ms.us)

PHONE: 228-435-6200  
FAX: 228-435-6183

# CITIZEN RIDE-ALONG PROGRAM

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PROGRAM INFORMATION  
AND DOCUMENTS

**Fire Chief**  
Joe Boney



170 Porter Avenue  
Biloxi, Mississippi 39530  
Office: 228.435.6200  
Fax: 228.435.6183  
[www.biloxi.ms.us](http://www.biloxi.ms.us)

***BILOXI FIRE DEPARTMENT (BFD)***  
***CITIZEN RIDE-ALONG PROGRAM***

Residents of our community often wish it were possible for them to be at the scene of a fire or other emergency incident to see exactly how such an incident is handled by fire responders. Others may be considering a career as a firefighter and would like to have a preview of what the job might involve.

Because of this interest, the Biloxi Fire Department has made it possible for citizens to be able to "Ride-Along" with firefighters in a fire department vehicle.

By offering such a program, we hope that a greater understanding of a firefighter's duties may enhance the state of understanding that exists between our members and the public.

Please feel free to ask any questions, because it is only through effective communication with each other that this goal can be reached.

Thank you for your interest in the program.

Sincerely,

Joe Boney  
Director of Fire  
Biloxi Fire Department

**Fire Chief**  
Joe Boney



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## **How to Apply for the BFD Citizen Ride-Along Program**

### **Citizen Rider**

1. Obtain a Ride-Along packet from the BFD Fire Administration office located at 170 Porter Ave, Biloxi, MS.
2. Review all information and forms contained in the packet.
3. Complete BFD Ride-Along application and return it to the BFD Administration Office.
4. When turning in your packet, you will sign the "Ride-Along Participation Agreement" and the "HIPAA Agreement". Please bring a valid driver's license or other identification card with you.

### **BFD Training Office**

1. Upon receipt of the application packet, the Training office staff of the Biloxi Fire Department will review the documents to ensure completion and check applicant's requested date/station for availability.
2. A background check will be performed on the applicant.
3. Once applicant is cleared to ride, they will be notified by the Training Office.

Any questions about the BFD Citizen Ride-Along Program should be directed to the BFD Training Office at 228-435-6200.



## **BILOXI FIRE DEPARTMENT CITIZEN RIDE ALONG PROGRAM**

### **Purpose**

The purpose of this program is to allow interested persons to ride on a departmental unit with Biloxi Fire Department personnel during part of the crew's 24-hour duty shift. The program is designed to increase awareness of the Biloxi Fire Department's emergency services through direct contact with our first response medical / suppression personnel and their work at the scene of an accident, illness, fire, or other incident.

### **Procedure**

Persons wishing to participate in the Ride-Along Program must obtain an application from the Biloxi Fire Department (BFD) Fire Administration Office. The application shall be completed and returned to the BFD Fire Administration office at least two (2) weeks prior to the anticipated date of the ride. Upon submission of the completed application, a *Liability Exemption Form* is required to be signed in the presence of the Training Chief or his/her designee.

The following guidelines apply to anyone requesting to participate in the Ride-Along Program:

- Participants will be required to have a criminal background check completed by BFD prior to participating.
- BFD has the authority to approve or deny any request for participation in this program or alter such request in the best interest of the department.
- Participants will be restricted to one (1) ride every three (3) months.
- Participants must be 18 years of age or older to participate in the Ride-Along Program.
- Participant's attire shall consist of a collared shirt, casual slacks (no jeans) and comfortable shoes. Dress appropriately for weather conditions.
- BFD has the authority to revoke an authorization at any time if a participant's conduct is not in the best interest of the department.
- The participant's ride shall last no longer than twelve (12) hours. Participants may not ride before 7:00 am or later than 9:00 pm.

- The participant may only observe operations/activities from a safe location. No Ride-Along participant is allowed to engage in, or otherwise participate in, tactical operations at the emergency scene or physical training activity.
- Participants will be provided disposable earplugs or ear muffs to be worn during all emergency response (lights and sirens), and while at the incident scene.
- Participants will be provided a traffic safety vest to be worn whenever the apparatus is out of the station.

Placement of your signature below indicates you have read the policies related to this program and agree to abide by them.

Signature: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

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

# BILOXI FIRE DEPARTMENT CITIZEN RIDE-ALONG PROGRAM APPLICATION

*Application must be filled out prior to participation and returned in person to the Biloxi Fire Department Administration Office. **NO ONE** will be allowed to participate unless all necessary paperwork is completely filled out and signed.*

## APPLICANT INFORMATION

*Please fill in the information requested below. Prior to you being allowed to participate, the assumption of risk agreement must be completed with your signature being witnessed by a representative of the Biloxi Fire Department (BFD). The completed form must be returned to the BFD Fire Administration Office at least two (2) weeks prior to the requested participation. Any false information or omissions on this application may result in disqualification for ride-along privileges. The Biloxi Fire Department reserves the right to deny ride-along privileges for any reason without prior notice.*

**All documents will be reviewed by the BFD Training Office. The applicant will be contacted to inform of approval or denial.**

Full Name	Date of Birth
Home Address	Home/Work Phone Number
Social Security Number	Cell Phone Number
Place of Employment or School	Gender (check) Male                  Female
Major/Study	
Place of Employment/School Address	Business/School Phone #

What is your interest in participating in this program?

Date requested to take Ride-Along	How did you become aware of this program?
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Time requested to take Ride-Along (must be after 7:00 am and before 9:00 pm for no more than 12 hours total)

**Please answer the following by placing a 'Y' for yes or an 'N' for no, in the box to the right of the questions.**

Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such a partner?		Have you ever been charged or convicted of a criminal offense? If yes, please list the offense, date, and location	
Are you under indictment or do you have charges pending in any court for any crime?		Are you an unlawful user of marijuana, any depressant or stimulant, or any controlled substance?	

I have read and understand the procedure for the Ride-Along Program of the Biloxi Fire Department. I give consent to the Biloxi Fire Department to perform a criminal background check. The above information is true and accurate to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Printed Name: \_\_\_\_\_

### FOR FIRE DEPARTMENT USE ONLY

Approved:                  Yes                  No  Signature: _____ Comments: _____ _____ Rode with: _____	Failed to Appear:  Refused to allow applicant to ride:                  If so, explain: _____ _____ Terminated applicant's ride before scheduled time: If so, explain: _____
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# PLEASE READ BEFORE SIGNING



## **BILOXI FIRE DEPARTMENT**

### **RIDE ALONG PROGRAM PARTICIPATION AGREEMENT**

#### **Assumption of Risk, Indemnity Agreement, and Covenant not to Sue**

I, \_\_\_\_\_, have requested that the Biloxi Fire Department allow me to come onto Fire Department facilities and to ride with Fire Department personnel on emergency equipment as part of the Biloxi Fire Department's Ride-Along Program. I am fully aware of the inherent risks associated with my participation in the Ride-Along Program which include, but are not limited to, bodily injury, physical disability, physical and mental diseases, death, and property damage resulting from the risks of motor vehicle accidents, exposure to infectious/contagious diseases, accompanying fire personnel into high-crime areas and the general uncertainty surrounding the provision of emergency services. Understanding these risks, it is still my decision to participate in the Ride-Along Program; and in consideration of the Biloxi Fire Department allowing me to participate, I assume full responsibility for such risks. I agree that neither I, nor my legal representatives, heirs, and/or assigns, will hold the Biloxi Fire Department nor the City of Biloxi, its officials, employees, or agents, responsible for any injuries, disabilities, physical and mental diseases, death, property damage, or losses and expenses of any nature whatsoever, that I may sustain as a result of my participation in the Ride-Along Program, whether caused by the negligence of the Biloxi Fire Department, the City of Biloxi, or its officers, employees and agents, or otherwise.

I further agree to indemnify, hold harmless, and to assume the defense of the Biloxi Fire Department, the City of Biloxi, its officers, employees, and agents from all claims and expenses of any nature whatsoever, including the cost of defending such claims which may accrue against, be charged to, or recovered from or sought to be recovered from, the Biloxi Fire Department, the City of Biloxi, or its officers, employees and agents as a result of my participation in the Ride-Along Program.

I understand that this agreement is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I understand that as a volunteer, I will not be covered by any City insurance program or benefit, to include general liability insurance or Worker's Compensation coverage.

I further understand that permission to participate in the Ride-Along Program is granted subject to the rules and regulations of the Biloxi Fire Department and the City of Biloxi, and such permission may be restricted to specified periods of time or revoked entirely by the Biloxi Fire Department in its sole discretion.

Signature: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

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

Witness Name: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2019.



**BILOXI FIRE DEPARTMENT (BFD)**  
**RIDE ALONG PROGRAM HIPAA PARTICIPANT AGREEMENT**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (as amended) limits departmental disclosure of the protected health information of any patient to specific uses such as the provision of treatment or other health care services, for billing and payment purposes, and for health care operation purposes. Additionally, BFD is authorized to release health information for a number of specialized purposes (to assist in the prevention or control of public health risks, selected assistance to law enforcement agencies, assistance to federal officials in the interests of national security, etc.).

As a participant in the BFD Ride-Along Program, you are specifically prohibited from discussing individual patients, their treatment, and any other information that could be utilized to identify these patients, with anyone except those departmental personnel who will be conducting your ride-along activities. You also agree not to take any pictures or photos of any patients, post such information on social media, or otherwise text or email such information. Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by law.

Should special circumstances necessitate that you utilize or disseminate such information (e.g. school reports, news articles); the BFD Training Division will assist you in ensuring that the material is in such form that it cannot be utilized to identify a specific incident. No health related information may be utilized without review and subsequent authorization of the BFD Training Chief or his/her designee.

As a participant in the Biloxi Fire Department Ride-Along Program, I understand the restrictions outlined above, and I agree to abide by the requirements of this agreement. I understand that I may be subject to civil or criminal penalties should I violate the prohibitions set forth in the Health Insurance Portability and Accountability Act of 1996, Mississippi State Statutes 13-1-21, 41-41-11, and 41-59-77, and Federal Regulation 45 CFR 164.502 as amended.

\_\_\_\_\_  
Ride-Along Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Ride-Along Participant

\_\_\_\_\_  
Witness Name:

\_\_\_\_\_  
Date