

Canby Fire District No. 62

Operations Guide #204

Subject: Citizen Participation Program

Authorizing Initials: _____

Date in Effect: _____

Replaces: N/A

The purpose of the Citizen Participation Program is to allow participation in Fire District activities by two groups, the public at large, and young adults who are participants in one of the Community Service Programs.

Under this program, citizens may be authorized to participate in activities such as ride-a-longs, observations, internships, and community service.

In order for someone to participate in a particular activity, they must complete a Citizen Participation Program 'Release from Liability' form (attached) and consent to abide by all instructions given to them by District personnel. Persons participating in the ride-a-longs must also wear appropriate attire. This consists of dark blue or black pants, light colored shirt (white or blue) and dark colored shoes. No blue jeans or tee shirts with logos or lettering. All attire must be clean, wrinkle free, and in good condition. The District reserves the right to refuse a ride-a-long due to inappropriate attire.

Citizens participating in the ride-a-long program may only 'ride' once per quarter unless authorized by a Chief Officer. Ride-a-Long participants are not permitted to stay overnight at the station. The minimum age to participate in the ride-a-long program is eighteen years, unless otherwise approved by the Chief or Deputy Chief. While on ride-a-longs, Citizens will not be allowed to take part in any Fire District operations. If an emergency occurs during the ride-a-long, said citizen is authorized to perform only those skills certified and/or licensed for and only under the direction of the officer in charge. Non-permissible activities are firefighting, SCBA usage, etc. Citizens shall not participate in any activity that could endanger their health and wellbeing.

Participation in the Community Service program shall be under the direction of the Deputy Chief. The Deputy Chief shall be responsible to track and coordinate the activities of Community Service participants.



CANBY FIRE & RESCUE DISTRICT No. 62

Citizen Participation Program

Juvenile

I, _____, the _____
(Print Full Name) (Relationship)

of _____, _____ hereby give my consent
(Minor Child) (Birthdate)

for said child to participate in the Canby Fire & Rescue Citizen Participation Program and all activities connected therewith. Recognizing the fact there are certain risks and hazards associated with all fire department activities, I hereby accept that liability, I hereby warrant and state that said child has no physical impairments which would in any way preclude him or her from participation in such activities or abnormally jeopardize his or her safety or the safety of others.

As parent or legal guardian of the child, I hereby release Canby Fire & Rescue District No. 62 and all of its firefighters, employees or agents from any claims, demands, or liabilities for injuries which may result from participation in said program and agree to indemnify and hold harmless Canby Fire & Rescue District No. 62, its officers, agents, and employees from any claim, demand, liability, or expense which may be asserted against them or any of them as a result of such activities.

Dated this _____, _____.
(Parent/Guardian Signature)

(Address) (Phone)

Adult

I, _____, _____ hereby release Canby
(Print Full Name) (Birthdate)

Fire & Rescue No. 62 and all of its firefighters, employees or agents from any claim, demands, or liabilities for injuries which may result from participation in the Canby Fire & Rescue District No. 62 Citizen Participation Program and agree to indemnify and hold harmless the Canby Fire & Rescue District No. 62, its firefighters, employees or agents from any claim, demand, or liability or expense which may be asserted against them or any of them as a result of such activities.

I hereby further warrant and state that I have no physical impairments which would in any way preclude me from participating in such activities or abnormally jeopardize my safety or the safety of others in doing so.

Dated this _____, _____.
(Signature)

(Address) (Phone)



CANBY FIRE DISTRICT

POLICY ON CONFIDENTIALITY AND DISSEMINATION OF PATIENT INFORMATION AND STAFF MEMBER VERIFICATION

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. The Canby Fire District prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations, and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that the District provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of the District's patients. I understand that it is necessary, in the rendering of District ambulance 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 any such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by the District during my entire employment or association with the District. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the District Privacy Officer immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with the District. Upon termination of my employment or association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. This is not a contract for continued employment.

I have read and understand all privacy policies and procedures that have been provided to me by the District. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of employment or of any membership or association with the District. This is not a contract of employment and does not alter the nature of the existing relationship between the District and me.

Printed Name: _____

Signature: _____ Date: _____