

# AMBULANCE SERVICE DOCUMENTS

Position: St. Charles Ambulance



Thank you for your interest in the St. Charles Ambulance! The service is currently operated by the City of Lewiston and works in conjunction with the Lewiston Ambulance. All new applicants must apply through the City of Lewiston. If you have no EMS experience, we encourage you to first apply for our Ride Along Program. Please fill out the attached ride along form and drop it off at the St. Charles City Hall, Lewiston City Hall, or contact our Ambulance Director. If you'd like more information or have questions, we would love to speak with you!

Matt Essig

Director

Lewiston Ambulance

St. Charles Ambulance

507-523-2982

[ambulance@lewistonmn.org](mailto:ambulance@lewistonmn.org)

[ambulance@stcharlesmn.org](mailto:ambulance@stcharlesmn.org)

**RIDE ALONG APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Reason You wish to ride along:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any potential medical problems:

\_\_\_\_\_  
\_\_\_\_\_

Have you read the rules of the ride along program? \_\_\_\_\_

Date(s) and time(s) you wish to ride along: (work out with Ambulance Director using Aladtec)

## *Rules of Ride Along Passengers*

1. It will be necessary for the ride along passenger to **immediately obey all instructions** from the on-duty crew. Failure to do this will result in ride along privileges being revoked.
2. Depending on the type of call/situation the ride along may be asked to stay inside of the truck. If there is not enough room in the truck for the ride along to accompany crew to the hospital the crew may arrange a ride back to the station with law enforcement/fire personnel for you. (Rare Situation)
3. No ride along passenger will be permitted to carry or use any camera, tape recorder or other type of recording device. Cell phones should be turned off.
4. No ride along passenger will be permitted to carry or use any lethal or non-lethal weapon(s).
5. No ride along passenger will be permitted to perform patient care, unless directed by the crew and the ride along has shown proper Minnesota Emergency Medical Services Regulatory Board certification prior to the ride along. The Ambulance Director will inform the on-duty crew of this prior to your ride along.
6. All names of persons or information concerning incidents, patient care, and type of call **must** be kept confidential.
7. Ride Along Passengers must not become personally involved in any call, unless directed to do so by the Crews, and the proper documentation is filed on the Run sheet.
8. Ride Along Passengers may be requested to testify in court and act as a witness.
9. Ride Alongs should wear clothes appropriate for the working conditions. No Shorts. Slacks or jeans that look presentable are allowed. Plain shirts are preferred. Closed toe shoes must be worn (tennis shoes, boots) NO sandals, No cros. The ride along will wear an identifying tag provided by the service. Any questions about appropriate clothing can be directed to the Ambulance Director.
10. Failure to obey any of the above rules may result in the applicant losing ride along privileges.
11. **With the knowledge of the risk of harm or injury which may occur as a result of my participation in the ride-along program, and my assumption of those risks, I agree to hold the City of Lewiston harmless and waive any and all claims for any injury, harm and disability which I may incur as a result of my participation in the Lewiston Ambulance/St. Charles Ambulance ride-along program. This release of liability does not include any**

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**injuries, harms or disability that I incur a result of intentional misconduct by the City of Lewiston, its agents, or employees. This assumption of risk and indemnification is specially binding on my spouse, heirs, and assigns. I acknowledge I have read and understand the rules of the program.**

*Please check all that apply*

- I am riding along because I may be interested in becoming part of the ambulance service.
- I am riding along because I am currently enrolled in an EMR/EMT Class  
If so where? \_\_\_\_\_
- I am riding along because I am currently enrolled in an Emergency Vehicle Operations Course and am interested in driving for the service.
- I am riding along because I am currently a MN EMSRB Certified EMT and wish to join the service.
- I am holding a current CPR certificate.
- I am riding along for other reasons: (explain)

Please note your answers to the above questions will not be used for approval or disapproval of the ride along, it is used for survey purposes only.

Signature of Rider \_\_\_\_\_

Date \_\_\_\_\_

Parent (legal guardian): \_\_\_\_\_

Date \_\_\_\_\_

Minimum age for Ride-Along Applicant is Sixteen (16) with parental approval

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Lewiston Ambulance Director: \_\_\_\_\_ Date: \_\_\_\_\_

St. Charles Ambulance Training Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Waiver consent is valid for 6 months from date of Ambulance Supervisor(s) Signature

Thanks for your interest in the St. Charles Ambulance Service!