



DFR RIDER FORM

Name of Rider _____
Contact Number _____
Name of hospital, agency, or department _____
Position/License _____
Emergency Contact Name/Number _____

- I am one or more of the following (check the box that applies).
- EMT or paramedic student in a program affiliated with Dallas Fire-Rescue
 - Qualifying civilian employees of the DFRD
 - City of Dallas officials who have jurisdiction or oversight of the Department's operations
 - Staff of state/federal agencies with oversight responsibilities over the ambulance program
 - Healthcare professionals involved in quality improvement initiatives with Dallas
- Describe Program: _____
- A Request for review and approval by the Emergency Response/EMS Deputy Chief

- All Required Ride-Along documentation is completed and signed
- DFRD Rider Form
 - DFRD Waiver of Liability form
 - DFRD Confidentiality Agreement
 - EMS Rider Privacy Policy
 - Copy of valid government-issued ID

Please indicate the specific date requested for the ride-out. This date will be used to set the expiration date for the ride-out pass. Passes are valid for one (1) year.

Ride-out date: _____

Contact number: _____

Email: _____

Decision:

Approved: _____

Denied: _____

Unit Assigned: _____

Where to Report: _____

Date to Report _____

Time to Report _____

Ride-out pass expires: _____

Person Reviewing Request:

Name

Title

Signature

Date

(For internal use only)

You **must** present a copy of this approval page to the Station Officer upon arriving to the station.

The Station Officer should complete this section and return this approval page to the Emergency Response/EMS Deputy Chief

Ride-out completed on: _____

Station Officer

UNIT #

Signature

Date: