



# 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: