

SHELDON COMMUNITY AMBULANCE TEAM

Application for Educational Ride-along

Personal Information:

Name: _____ Address: _____

City: _____ State: _____ Social Security# _____ Date of Birth: _____

Phone Number: _____

Release Agreement:

In consideration of the City of Sheldon allowing the undersigned to ride with and observe personnel of Sheldon Ambulance, as part of the job shadow program, the undersigned does hereby release the City of Sheldon from any and all claims that may arise or result from participation in the ride-along program. Further, the undersigned agrees to indemnify and to hold the City of Sheldon harmless from any and all claims whatsoever arising out of, or in any way connected with, participation in this program.

Additionally, the undersigned understands and agrees to the following:

- A. The City of Sheldon shall pay no stipend or other remuneration as part of this training
- B. All policies, laws, ordinances, resolutions, rules, protocols, and standards operating procedures of the Sheldon Ambulance team shall apply to all students. Students are expected to obey any direction, order, command or request made of them without debate
- C. The student will provide his/her own health insurance

I hereby affirm that the information provided in this application is accurate, and agree to all portions of the document.

Signed: _____ Date: _____

*If the applicant is under 18 years of age a parent or legal guardian must also sign