



NUMBER:	900.01
TITLE:	Ride-A-Long Program

RIDE-A-LONG PROGRAM

Welcome to HALO-*FLIGHT*.

We are proud to offer the Medical, EMS, Fire Fighter and the Law Enforcement community the opportunity to experience the unique field of emergency medical helicopter transportation. It is our hope that your flight with us gives you a unique and rewarding experience and new insight into the logistics, procedures, and tactics used in air-evac operations in comparison to other types of emergency transport services.

In order that we may provide this service to you, we request that you fill out a ride-a-long package.

All scheduled applicants will be required to bring along a picture. Ride-a-longs will be conducted between the hours of 0800-1700 only. Requested deviations of these times must be approved by the Chief Flight Nurse. All scheduled ride-a-long applicants will be required to receive a briefing comprised of comprehensive safety procedures, overview of our flight operations, and a briefing of the ride-a-long applicant expectations before, during and after a flight. Please arrive with the **Notary page completed**.

Please understand that flight calls are very unpredictable and there is no guarantee that you will get to fly. Students are encouraged to bring school work and study materials to stay busy with. You may also bring a camera to fly with. Email pictures to us for possible placement on our website.

We allow only one ride-a-long day per person. If you did not get to fly on your shift you may reschedule sooner as space allows. Deviations must be approved by the CFN or Executive Director.

If you have any questions about our ride-a-long program or HALO-*FLIGHT* operations please feel free to contact us at randye@haloflight.org, we will be happy to answer any questions you might have.

Name of Rider: _____



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In order that we may provide this service to you and still maintain the best possible care to our patients we ask that you fill out a “Ride-A-Long” packet. This will ensure the safety of you, our crews and above all, **our patients**. The restrictions below reflect HALO-*FLIGHT* policies and procedures.

Restrictions

- A. Maximum allowable weight is 230 pounds and maximum height is 6’2”.
- B. Scheduling of Ride-a-longs will be based on availability. You must be 18 years of age or older to ride along.
- C. The flight crew shall have final authority to approve/disapprove a ride-a-long based on each mission. This is to ensure that the patient receives the best quality care and ensures the safety of the flight crew. Please do not question this decision.
- D. No weapons of any type will be allowed on the aircraft while on a ride-a-long with HALO-*Flight*. It is in violation to carry a concealed weapon on airport property. (Federal Aviation Requirement (107.21 (a)(1)).
- E. The hours available for ride-a-long will be 0800-1700. You are responsible for your meals. A refrigerator and microwave is available.
- F. Each candidate shall wear a Nomex flight suit, helmet (provided) and his/her own **black leather boots or closed toed shoe** on each flight. No excessive jewelry will be allowed. Long hair will be tied and pinned up for safety.
- G. As a ride-a-long participant **you are expected to act in a professional manner at all times** whether it be on the scene of an accident, at a sending or receiving hospital or at the HALO-Flight operations base.

Your signature indicates you understand and will comply with these restrictions and any other restrictions or directions given by a flight crew member. In addition it verifies that you understand the dangerous nature of the Aeromedical field and understand consequences of a crash can be fatal.

Name _____

Date _____



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Personal Profile

FULL NAME: _____

ADDRESS & PHONE _____

Medical CERTIFICATION LEVEL (EMT-P, RN etc):

AGE: _____ HEIGHT: _____ WEIGHT: _____

ORGANIZATION you are affiliated with:

Supervisors Name and Phone #: (required)

HAVE YOU RECENTLY HAD: DENTAL WORK, SURGERY OR RECENT ILLESS?

2 EMERGENCY CONTACTS (*REQUIRED*): Name, address, Phone #

RELIGION: _____

CURRENT MEDICATIONS: _____

MEDICAL HISTORY: _____



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Indemnity Agreement

I, _____ (name) on my own behalf, fully indemnify, save and hold harmless HALO-FLIGHT, Inc. Air ambulance and it's agents against any and all liability, damages, loss, claims, demands and actions of any nature on account of personal injuries, death claims, property loss or damage of any kind, which arise out of or are in any matter connected with, or are alleged to arise out of or be in any connection with me participating in the helicopter ride-a-long provided by HALO-FLIGHT, Inc. I understand that by nature air medical transport is dangerous and can be **fatal** in the event of a crash. Its scope and operation include the medical treatment of patients and exposures of bloodborne pathogens in the course of patient care of the sick and injured.

This document is binding for an unlimited amount of time.

Indemnitor

Name

{ State of Texas
{ County of Nueces

{ Know all men by these persons sworn to and subscribed to before me
{ on the _____ day of _____, 200__ for which witness
{ my hand and official seal of office.

Notary Public, State of Texas
My commission expires _____



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RIDE-A-LONG REQUIREMENTS CHECK OFF SHEET

A HALO-Flight crew member will initial each selection below.

- _____ Copy of identification placed with packet
- _____ Signed and **notarized** waiver/release form ***MUST be notarized***
- _____ Completion of safety orientation by _____ on (date) _____
- _____ Restrictions page read and signed.