



Randolph County

DEPARTMENT OF EMERGENCY SERVICES

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Asheboro, NC 27205

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www.randolphcountync.gov



Emergency Medical Services Rider / Observer Application

Applicant Name: _____ Application Date: _____
(Print First, Middle, Last)

Address: _____ City: _____ Zip: _____
(No PO Box)

Home Telephone: () - _____ Cell: () - _____

Purpose of the Ride-Along:

- | | |
|--|--|
| <input type="checkbox"/> EMT Student | <input type="checkbox"/> Medical Student (<i>Nurse/PAC/Doctor</i>) |
| <input type="checkbox"/> Career Interest | <input type="checkbox"/> Media Observation |
| <input type="checkbox"/> Firefighter | <input type="checkbox"/> County Employee |
| <input type="checkbox"/> Other: _____ | |

Please check all that apply:

- I have read, understand, and signed the Informed Consent (*page 3*)
- I have read, understand, and signed the Rider / Observer Privacy Agreement (*page 4*)
- I have read, understand, and signed the Volunteer Waiver of Liability (*page 5*)
- I have read and understand the Rider / Observer Rules Policies (*pages 6-14*)
- I have any necessary paperwork required for educational requirements
- I agree to follow all directions given to me by RCEMS personnel, to follow the rules established by RCEMS, and I understand that my ride-along may be terminated by RCEMS at any time.

Signature: _____ Date: _____

NC Driver License Number: _____ DOB: _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Guardian Consent: _____ Date: _____

**Guardian signature/ consent is required if the applicant is 16 or 17 years of age. Furthermore, if the observer is under the age of 18, a parent/guardian must meet with a RCES supervisor before the application will be approved.*

Print and return pages 1-5

Applicant Name: _____

Dates & Times Requested to Ride/Observe

DATE	TIME	Approved By	Base Assignment
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

Name of School/College/University if enrolled: _____

College/University Major: _____

Current Grade Level or Completed Grade Level: _____

NC EMT Certification Level (if applicable): _____

P # (if applicable): _____

Fire Department Name (if a member): _____

NOTE: Observers who are not currently enrolled as an EMT student or medical student may not ride/observe more than two times without approval by the Chief or Deputy Chief.

Major Bradley Beck is the primary point of contact to approve applications and to schedule the ride times. He can be reached at (336) 318-6921 or Bradley.Beck@randolphcountync.gov

Randolph County Emergency Medical Services

Informed Consent – Observation Program

I understand that there is a potential risk for exposure to bloodborne pathogens or Tuberculosis (TB) when participating in an observation program in the pre-hospital work environment.

I have been offered an opportunity to ask questions about the diseases and the risk for exposure and to have those questions answered.

Should I become exposed to blood or other potentially infectious materials, I will be advised by the Randolph County EMS to seek medical attention at the location specified in their Exposure Control Plan. I understand that Randolph County EMS is NOT responsible to cover the costs associated with post-exposure medical treatment/counseling.

Observer Signature: _____ Date: _____

Observer Name (print): _____

Guardian Signature: _____ Date: _____

Guardian Name (print): _____

RCES Signature: _____ Date: _____

RCES Name (print): _____

**Randolph County Emergency Medical Services
Rider/Observer Privacy Agreement**

Randolph County Emergency Medical Services System welcomes the opportunity to introduce citizens and students to the world of pre-hospital care. Given the nature of our work, it is imperative that we maintain the confidence of patient information we receive in the course of our work.

Randolph County Emergency Medical Services System prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that Randolph County Emergency Services System provides services to patients that are private and confidential. Patients provide personal information in a variety of forms, (i.e. oral, written, electronic, etc.) and that all such information is strictly confidential and protected by federal and state laws.

I understand that Randolph County Emergency Services System has confidentiality policies and procedures in-place that are available for review. I have been provided a copy of the Randolph County Emergency Services System Notice of Privacy Practices for review.

I agree to respect the privacy of all individuals that are contacted during the time I am in the company of Randolph County Emergency Medical Services System personnel. I also agree that I will not divulge any protected health information that I may observe while in the company of Randolph County Emergency Medical Services System personnel.

Observer Signature: _____ Date: _____

Observer Name (print): _____

Guardian Signature: _____ Date: _____

Guardian Name (print): _____

RCES Signature: _____ Date: _____

RCES Name (print): _____

RANDOLPH COUNTY VOLUNTEER WAIVER

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of permission to observe, participate in training, volunteer, or otherwise use, today and on all future dates, the property, facilities, staff, equipment and services of Randolph County, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Randolph County, the Randolph County Emergency Service Department, its directors, officers, employees, and agents from liability **from any and all claims including the negligence of** Randolph County resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, training, observation, and use of facilities, premises, or equipment.

Assumption of Risks: Emergency medical services and associated activities, by their very nature, carry with them certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. In addition, some activities may involve strenuous exertions of strength using various muscle groups, some may involve quick movements involving speed and change of direction, and others may involve sustained physical activity which places stress on the cardiovascular system.

The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, animal bites, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I will participate in/observe Randolph County Emergency Services Department activities only if I am physically and mentally fit to do so; and I will immediately stop participation if I do not feel well.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by Randolph County. I hereby **assert that my participation is voluntary. I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Randolph County, the Randolph County Emergency Services Department, its directors, officers, employees, and agents from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in any Randolph County program and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Participant Date

Print Name Age Date Phone #

Mailing Address

City State Zip Code E-mail Address

PARENTS CONSENT FOR PARTICIPANTS UNDER THE AGE OF 18

I hereby certify that I am the parent/guardian of the participant above and do consent and agree to all of the terms outlined in this waiver of liability, assumption of risk and indemnity agreement. I **understand that I am giving up substantial rights, including the right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law. I hereby release all of the identified persons from indemnity and liability from myself, the participant, heirs, assigns and next of kin.

Signature of Parent/Guardian Date Emergency Contact Phone #

Title: EMS Observer / Student Ride-Along
Policy Number: 2014-001
Effective Date: February 15, 2013
Authorized By: Donovan Davis, Chief
Future Review Date: December 15, annually



Purpose: To establish a uniform policy to be followed by persons wanting to “ride along” and observe, hereinafter referred to as “observer or student,” Randolph County Emergency Services / EMS, hereinafter referred to as “RCES or EMS,” and its functions. This policy will be followed by all Randolph County employees. Adherence to this policy will ensure the safety of all personnel and the public, and it is the shared responsibility of all Randolph County employees and the observer or student.

Policy:

Observers:

A person who is *not* an employee of Randolph County Emergency Services, Randolph County Government, and/or an enrolled student in an allied health program who has a dually executed contract to perform skills at Randolph County EMS. An observer may only ride-along in an observation capacity. This policy includes members of outside agencies, no matter what certifications they may or may not hold. This does not include active certified responders / fire department members who may assist with care of a patient being transported to a hospital or driving the ambulance to a hospital. For purposes of this policy, a high school or any other student not affiliated with a contracted NC Community College or University will be classified as an observer.

Observers may only ride two (2) times within a twelve (12) month period, unless additional ride times are approved by the Chief or Deputy Chief.

Student:

A person who is currently enrolled in an EMT Basic, Intermediate or Paramedic course, through a contracted NC Community College or University or a medical student who is required to complete a certain number of clinical hours.

Procedure(s), Rules and Regulations:

The observer or student must read, complete, and acknowledge by signature, the following forms:

1. Ride-Along Application;
2. Informed Consent of Exposure Form;
3. Randolph County Volunteer Waiver of Liability, Assumption of Risk, and Indemnity Agreement form;
4. Rider/Observer HIPAA Privacy Agreement form; and,
5. Rider/Observer Policy form.

All forms must be dually executed prior to the ride. A parent/legal guardian must read and acknowledge the forms by signature for observers who are under the age of 18 years old. New forms must be completed each time the observer rides.

Ride time(s) **for students and observers** must be scheduled at least five (5) business days in advance and will be authorized on a first come – first serve basis as scheduling allows. No one is guaranteed ride time.

The following groups of people may ride in an observer capacity only after completing the required forms, receiving authorization from and scheduling their time with the EMS Major or designee:

1. Members or students of a public-safety or first responder agency (EMS, Fire, Law Enforcement, Rescue, Emergency Management, Public Health, Hospital, etc...)
2. Students participating in an Allied Health Career class (EMT-B, I or P) at a NC Community College or University, those interested in a public-safety career, or high school students needing to complete the requirements of a senior or class project.
3. Other Randolph County employees.
4. Members of the Healthcare Community.
5. Members of the media with authorization from the Chief (**only**).

People who do not fit into the above **categories** (1-5) must submit a written request to Randolph County Emergency Services / EMS, addressed to the Deputy Chief, for consideration. This is in addition to the "Ride-Along Application." The written request should include: who is making the request, why the request is being made, and how the observer and Randolph County Emergency Services / EMS will benefit from doing a ride-along. All reasonable requests will be accepted.

EMT- Basic, Intermediate or Paramedic students may ride at the Archdale, Asheboro or Randleman bases only. Observers may ride at the Asheboro base only. Any deviation must be approved by the EMS Major, Deputy Chief or Chief.

Rules and Regulations:

- a. An observer/student must be at least 18 years of age or older; or, with written parent/ legal guardian consent the observer/student may be 16 or 17 years of age. The Chief, Deputy Chief, **Major or Supervisor** must meet with the parent(s)/legal guardian(s) of observers under the age of 18 prior to the ride-along being approved.
- b. An observer may NOT:
 - i. Render patient care;
 - ii. Communicate on the radio;
 - iii. Drive an EMS vehicle; or
 - iv. Participate in any activities other than observing.

NOTE: Advanced EMT and/or Paramedic students operating through a contracted NC Community College or University may be allowed to render patient care only as described throughout this policy and by contract.

- c. On arrival at the EMS base, the observer **or student** must check-in with the shift Lieutenant (or Sergeant) before the ride-along begins.
- d. Observers **and students** must be given a copy of the Ride-Along policy/procedure(s) and must acknowledge receipt and understanding by signature prior to the ride-along. This paperwork must be turned in to the shift Lieutenant, Sergeant, or the EMS Major prior to the ride-along.
- e. Observers will have completed a Randolph County Emergency Services / EMS HIPAA training session prior to the initial ride-along. Additional training will not be required beyond the initial HIPAA training unless there has been a change in the HIPAA law, rules and/or regulations. Documentation of such training will remain on-file in the department as regulated by HIPAA.
- f. Observers/**Students** will not be allowed to leave with any notes or written materials **that belong to Randolph County**. **For observers**, the ride-along is an audio-visual experience only.
- g. Observers **and students** must check-out with the on-duty Lieutenant or Sergeant prior to leaving.
- h. Observer and EMS student ride times are between 0800 and 2200 hours daily. Student Advanced EMT or Paramedic interns completing their clinical hours may ride between 0800 and 2300 hours. Time requested outside of those hours must be approved by the Major, Deputy Chief, or Chief. Students who are already full-time or part-time employees with RCES may ride a full 24-hour shift **to complete clinical requirements** with prior authorization by the shift Lieutenant or EMS Major.
- i. Observers may not participate in any hands-on patient care. They are there to observe only. **Observer communication with patients, or friends/family of patients, must be an absolute minimum and avoided.**
- j. Advanced EMT or Paramedic students who are operating as a student with a contracted NC Community College or University, and conducting their field internship for clinical hours, will be allowed to perform skills and **procedures they have been trained to do** and within the Randolph County EMS and State of NC protocols and scope of practice - only in the presence of and with permission from the assigned preceptor (Randolph County EMS EMT-P).
- k. Observers and Students must wear a Randolph County EMS Observer ID badge at all times during the ride-along. The ID badge must be turned in

to the shift Lieutenant or Sergeant just prior to ending the ride-along. The observer must also have an official (any) State identification on them at all times (i.e., driver's license).

- I. Observers and Students will wear clean, odor free, neat comfortable clothing that projects a professional image and does not discredit Randolph County Emergency Services or Randolph County Government.
 - i. Non-slip black tennis shoes or boots only.
 - ii. Solid neutral color button-up or polo shirt, or required Community College program shirt. No insignias, patterns or designs.
 - iii. Black pants (no jeans or shorts, no marks or tears). Navy blue or black EMS pants are allowed.
 - iv. Appropriate seasonal jacket or coat. It must be plain with no insignias, marks or tears.
 - v. Students will be dressed on arrival and will have watch, pen, scissors, and will wear College/School I.D.
- m. Observers will always maintain a safe distance from the operational scene so to not interfere with Randolph County EMS / rescue, law enforcement or fire service operations.
- n. Observers will be under the direct control of the Paramedic in charge of the ambulance they are assigned to. Failure to follow the directions of the Paramedic in charge, the shift Lieutenant or any Randolph County Emergency Services / EMS employee, or failure to comply with these rules and regulations will result in the immediate termination and removal of the privilege to participate as an observer.
- o. No firearms or other weapons may be brought onto department property or carried in the ambulance during the ride-along.
- p. Observers/**students** will not be under the influence of alcohol or drugs during a ride-along. The observer will not be allowed to ride if suspicious behavior is observed or suspected.
- q. Observers (non-internship students) must wear a seat belt at all times as required by NC law **while in the ambulance. Students who are not actively participating in patient care and when not transporting a patient must wear a seat belt as required by NC law.**
- r. Use of tobacco products is not allowed in any department vehicle or department facility. Tobacco use is also not allowed on any hospital campus or on the scene of a call. **Observers and students must ask their preceptor or the supervisor about the department tobacco policy.**
- s. Cell phones, laptops, I-pods, tablets or other similar handheld devices are not permitted to be used by observers or students inside the ambulance,

on the scene of a call, or inside the hospital. These devices may be used at the ambulance base as long as it does not disrupt or annoy the on-duty employees or does not interfere with observer/student learning.

- t. Food is not allowed in the patient compartment of the ambulance. Drinks must have a spill-proof lid and must not be visible during patient transports.
- u. Observers and students must wear provided PPE (gloves and/or masks) while in the presence of a patient and a reflective traffic vest when **on or** near a roadway or any vehicular traffic, such as a parking lot.
- v. Observers and students will adhere to the department's Tattoo Policy, Hair and Facial Hair policy, and the Piercing / Body Mutilation Policy as required by all RCES EMS employees. **The supervisor or preceptor can provide you with a copy.**
- w. Observers and students are here to learn and will not sleep during their ride-along period. The observer or student should take time to study or **to** learn about our equipment during down time. This does not apply to RCES employees who are completing their clinical hours. Those employees will follow the already established guidelines regarding rest periods.

Patient / Employee / Department Privacy:

At no time will an observer/student be permitted to take pictures or use a video camera, or any other audio-visual recording device, of a patient, a patient's family or friends, or while on the scene of a call.

An observer/student must ask permission of a Randolph County Emergency Services employee before taking their picture or video; or, before taking a picture or video of RCES department vehicles, property, equipment or facilities.

All observers and students will treat PHI (private health information) as strictly confidential. The disclosure of PHI outside of the department is strictly forbidden and violates HIPAA regulations and law.

Observers and/or students will not take, copy, or transmit response or patient documents with individually identifiable information such as a name, address, social security number, photograph, medical history, or other information from which the identity of a patient can be inferred or known.

Any observer or student found to be in violation of RCES or Randolph County Government privacy policies may be prosecuted and denied future observations.

Expenses:

There is no cost for an observer or student to do a ride-along.

Observers **and students** are responsible for providing their own meals and drinks. This can be done by bringing food with them to the base or by having enough money to purchase a meal at a restaurant or store. Drink and snack machines are available at the primary base. **Each base is equipped with a stove, refrigerator, microwave and other appliances, utensils, plates and cups. This property belongs to Randolph County and must remain on premise.**

There are no other expenses associated with the ride-along program.

The following policies also apply to students and observers participating in the ride-along program.

Title: Patient or Scene Photo, Video or Audio
Policy Number: 2017-02
Effective Date: January 23, 2017
Authorized By: Donovan Davis, Chief
Future Review Date: December 15, annually



Purpose:

The purpose of this policy is to establish rules related to the use of photo, video or audio equipment, to include the use of cellular or other digital devices capable of capturing photos, videos or audio. This also includes simple film cameras.

Policy:

There is to be absolutely no photos, video or audio recordings made of a patient under any circumstances while on-duty without express approval of the Major, Deputy Chief or Chief **and written permission** (consent) **from the patient**.

Digital photos involving a patient may be taken of a vehicle, piece of equipment, or the like **only to document mechanism of injury**. It may only be “shown” to the receiving hospital personnel or air transport personnel who have “direct contact with the patient and is providing direct medical care.” The photo must not include the patient and it **must be deleted as soon as it is no longer needed**.

It is never permissible to publish a department related photo, video or audio recording without the express permission of the Chief.

It is never permissible to electronically (forward) send or a photo, video or audio recording without first notifying the shift supervisor.

It is never permissible to electronically (forward) send a photo, video or audio recording to anyone who **was not involved** with the call or patient.

Title: Tattoo Policy
Policy Number: 2012-033
Effective Date: December 15, 2012
Authorized By: Donovan Davis, Chief
Future Review Date: December 15, annually



Purpose: To establish department policy regarding tattoos.

Policy:

Management reserves the right to make allowances and decisions if consulted prior to adding a tattoo and/or for pre-employment approval.

1. Must not have any lewd or offensive indelible marks or figures (tattoos) visible on any exposed part of the body while wearing the prescribed duty uniform.
2. Tattoos or other indelible marks or figures on the arms must be limited. The Chief or Deputy Chief reserves the right to require an employee with excessive tattoos, other indelible marks or figures on the arms to be covered while on-duty.
3. This policy prohibits any tattoos or brands on the face, head or neck above the uniform collar. Policy for the hands only authorizes small innocuous tattoos or brands that are not prejudicial to the good order or discipline within the department and do not detract from a professional appearance.
4. Tattoos or brands that are extremist, indecent, sexist or racist are prohibited:
 - (a) Extremist tattoos or brands are those affiliated with, depicting or symbolizing extremist philosophies, organizations, or activities; those which advocate racial, gender or ethnic hatred or intolerance; advocate, create or engage in illegal discrimination based on race, color, gender, ethnicity, religion or national origin; or advocate violence or other unlawful means of depriving individual rights under the U.S. Constitution or federal and state law.
 - (b) Indecent tattoos or brands are those that are grossly offensive to modesty, decency or propriety; shock the moral sense because of their vulgar, filthy or disgusting nature, or tendency to insight lustful thought; or tend reasonably to corrupt morals or incite libidinous thoughts.
 - (c) Sexist tattoos or brands are those that advocate a philosophy that degrades or demeans a person based on gender, but that may not meet the same definition of "indecent".
 - (d) Racist tattoos or brands are those that advocate a philosophy that degrades or demeans a person based on race, ethnicity or national origin.

Title: Piercing / Body Mutilation Policy
Policy Number: 2012-034
Effective Date: December 15, 2012
Authorized By: Donovan Davis, Chief
Future Review Date: December 15, annually



Purpose: To establish department policy regarding body piercings and body mutilation.

Policy:

Management reserves the right to make allowances and decisions if consulted prior to getting a piercing or body mutilation/modification, and/or for pre-employment approval.

No piercing, other than those for earrings as described below, shall be worn through the ear, nose, tongue, chin, eyebrow, or any other body part that would be visible while in any uniform. This prohibition applies to male and female employees alike and is specifically intended to limit the less-than-professional appearance associated with vacant holes in the face or other exposed areas of the body.

Under no circumstance shall a concealed piercing or accompanying jewelry be visible through, or interfere with, the professional appearance of the employee in uniform, nor shall such jewelry be visible while on-duty.

Earrings in the ear shall not exceed one per ear and shall be small and inconspicuous. Ear jewelry should be a post-type stud. Hoop earrings or earrings that extend (hang) beyond the lobe are not permitted. Additional jewelry in the ear lobes and/or cartilage is prohibited.

All employees are prohibited from wearing forms of facial jewelry (other than earrings) while in uniform, on-duty, or while attending a department/county-sponsored event.

Body Mutilation or Modification. Other forms of intentional body mutilation or modification (e.g. scarring, excessive ear piercing/stretching, tongue splitting, beneath the skin decorative implants, decorative tooth plating/engraving, etc.) are not authorized. This does not include traditional elective medical procedures (e.g., teeth straightening, breast augmentation, cosmetic plastic surgery, etc.).

When an employee has stretched the lobe of their ear(s) it must be closed with a flesh colored space filler while in uniform, on-duty, or while attending a department/county-sponsored event. This includes meetings and training.

Added January 31, 2013:

When an employee chooses to stretch their earlobe it should not reach the equivalent size of a dime in diameter. Anything larger than the equivalent of a dime will be considered prohibited.

**RANDOLPH COUNTY EMERGENCY SERVICES
STANDARD OPERATION PROCEDURES**

Visitor/Observer Agreement

Randolph County Emergency Services has a legal and ethical responsibility to safeguard and to protect all confidential information. The purpose of this agreement is to clarify what is expected of those visiting and/or observing in the Communications Center/EMS base(s) or aboard an Emergency Services' vehicle and privy to confidential information. In order for the 9-1-1 Communications Center/EMS Division to function properly, there must be a candid flow of information between telecommunicators, citizens, and public safety employees.

Confidential information includes, but is not limited to citizen information (i.e. social security numbers, driver's licenses, want information, credit cards, and medical information), and **ALL** other information considered private or secure. Confidential information in the Communications Center/EMS base(s) or aboard an Emergency Services' vehicle may be in spoken, written, or electronic form. In the course of my association with Randolph County Emergency Services, I understand that I will encounter confidential information.

By signing this document, I understand and agree to comply with Randolph County Emergency Services – and **ALL** their divisions' – Policies and Procedures concerning privacy and confidentiality as listed below:

1. I agree **NOT** to disclose or access any confidential information unless requested by the Director, Deputy Director, Major(s) or Captain(s) of Randolph County Emergency Services or required by law.
2. I agree **NOT** to disclose any information unless I know that information is not confidential. If I am unsure information is confidential, I will seek clarification from the Communications or EMS Supervisor.
3. I agree **NOT** to discuss confidential information where others can overhear the conversation, e.g., in hallways, elevators, at restaurants, at social events or gatherings, etc. I understand it is unacceptable to discuss any confidential information that may be obtained while in the Communications Center/EMS base(s) or aboard an Emergency Services' vehicle.
4. I agree **NOT** to send or take any confidential information in any form (including via personal electronic devices) without prior authorization by the Director, Deputy Director, Major(s) or Captain(s) of Randolph County Emergency Services.
5. I agree **NOT** to make any additions, alterations, modifications, or deletions to any confidential information while in the Communications Center/EMS base(s) or aboard an Emergency Services' vehicle of Randolph County Emergency Services.
6. I agree **NOT** to access or attempt to access any information, or utilize equipment without prior authorization by the Director, Deputy Director, Major(s) or Captain(s) of Randolph County Emergency Services.
7. I understand that my obligation under this agreement will continue after my association with Randolph County Emergency Services.
8. I understand that any type of recording devices, usage of cellular phones, tablets, smart devices (including texts), and cameras are prohibited in the Communications Center/EMS base(s) or aboard an Emergency Services' vehicle unless given prior approval by the Director, Deputy Director, Major(s) or Captain(s) of Randolph County Emergency Services.
9. I understand and agree that I am subject to a background check, including a computerized criminal history – that must be performed prior to access – into the Randolph County 9-1-1 Communications Center/EMS base(s) or Emergency Services' vehicles.

I understand that violation of this agreement may result in denial of future access to the Randolph County 9-1-1 Communications Center/EMS base(s) or Emergency Services' vehicles as well as all remedies under the law.

Printed Name: _____ Date of Birth (mm/dd/yy): _____

Signature: _____ Date: _____

-----**DO NOT WRITE BELOW THIS LINE**-----

Supervisor Signature: _____ Observation Date: _____