



Eligibility for Ride-Along Program

Name _____ Date _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Age _____ Birth date _____ Weight _____

Agency/Hospital Affiliated With _____

Address of agency _____ County _____

Title _____ Number of years employed/affiliated _____

Supervisor _____ Phone Number _____

License type _____ License number _____ Licensing state _____ Exp. _____

I am currently actively involved in (check all that apply):

_____ Volunteer EMS _____ Volunteer Fire _____ Paid EMS _____ Paid Fire

_____ Law Enforcement _____ Nursing (focus: ED, ICU, etc) _____

Other _____

Reason for interest in Ride-Along Program:

Please attach a copy of your current license to this form.

(Office use only)

Approved by _____ Date _____ License received _____

LF Regional Development Specialist - Life Flight Manager - Life Flight Medical Director

Initiated March 2008