

# APPLICATION FOR RIDE ALONG

## *UNC Carolina Air Care / Critical Care Transport*

The Ride Along Program is an educational outreach offering. Participants are individuals that have an education incentive for participation. Please submit this application prior to the date you would like to attend a session. Preferential scheduling will be given to individuals who require ride time to meet educational or employment requirements. Please note that restrictions for flight may apply. The weight of the participant may not exceed 225 lbs.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Weight (for flight): \_\_\_\_\_ lbs.

Affiliation: ☐ EMS Agency \_\_\_\_\_ ☐ UNC Hospitals \_\_\_\_\_

☐ Outside Hospital \_\_\_\_\_ ☐ College Program \_\_\_\_\_

☐ Residency Program \_\_\_\_\_

Base Preference: ☐ Flight: Burlington / Aberdeen / Goldsboro / Rocky Mount

☐ Ground: Hillsborough / Durham

☐ Neonatal/ Pediatric: Burlington / Raleigh

Available Dates: \_\_\_\_\_

\_\_\_\_\_

Your objective for participating in the Ride Along Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

At UNC Carolina Air Care, safety is our #1 priority. Our crews strive to maintain an absolute safe environment for our patients and observers. However, there is a small inherent risk in the transport environment. In the unlikely event of an emergency, we ask you to complete this emergency notification information section. The information in this form will not be released from UNC Carolina Air Care and will only be used in the event of an emergency.

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please list any additional concerns, requests, or information you would like to include. For example: pertinent medical history, allergies, primary care provider, specific instructions for approaching their emergency contact, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_