



Superstition Fire & Medical District

Ride-Along Applicant Information Sheet

Name: _____

Phone: _____

Phone Type: Cell Home Work

Email: _____ @ _____

Mailing Address: _____

To participate in the Ride-Along program, the following requirements must be completed.

- Review the Ride-Along Policies and Procedures
- Review the HIPAA Guide
- Complete the following documents.
 - Ride-Along Applicant Information Sheet
 - Ride-Along HIPAA Test
 - Ride-Along Liability Waiver
- Mail or drop off Ride-Along Application Documents during regular business hours to:
 - Regional Training Center
 - 3700 E. 16th Ave.
 - Apache Junction, AZ 85119

Regular business hours: Monday through Thursday from 7am to 6pm