

**Good Fellowship Training Institute
EMT Student Ride-Along Program**

Student Name: _____

Date: _____

Time in: _____ **Time out:** _____

Total hours completed for shift: _____

✓ **All that applies:**

- Received orientation to facility from the duty supervisor, team leader, and/or paid staff member**
- Was assigned a crew member as an EMT mentor for shift.**
- Reviewed location of equipment on primary and secondary response unit for scheduled shift with assigned EMT mentor.**
- Instructed on location of protective equipment in case of needed for an emergency call.**
- Received orientation on MDC.**
- Received orientation to EMMA charting system.**
- If not a member of GFAC, received an application for membership (optional).**
- Responded on emergency calls. Number of calls:** _____
- Responded on routine transports. Number of calls:** _____

Signature of EMT Student: _____

Signature of EMT Mentor: _____

Training Institute use only:

Hours approved: _____ **Hours Logged:** _____ **Follow-up required:** _____

Comments: