



Ride Assist Naperville (RAN)

Volunteer Driver Application

Name _____ Home Tel: _____ Cell: _____

Address _____ City _____ Zip _____

Email address: _____ Birthdate _____

Social Security #: _____ Driver's License # _____

Emergency Contact & Phone: _____

Please indicate times you are available to drive:

	Mon	Tues	Wed	Thurs	Fri	Sat
Morning						
Afternoon						
Evening						

How often are you willing to drive? _____ times per week _____ per month _____ occasionally

Are you available for last minute requests? _____yes _____no

Are you willing to help clients with wheelchairs? _____yes _____no

Would you be willing to drive outside our service area? _____yes _____no

Would you be willing to drive a veteran to Hines Hospital? _____yes _____no

Can you perform the essential functions of the job? (See service description) _____yes _____no

Comments _____

Type of vehicle you will drive (year/make or model/# of doors) _____

Do you own this vehicle? _____yes _____no

Do you have a valid Illinois Driver's License? _____yes _____no

In the last 5 years, have your driving privileges been suspended/revoked? _____yes _____no

Have you ever received a hardship license (JDP)? _____yes _____no

Have you ever been convicted of a crime? _____yes _____no

Comments _____

With your signature on this application as confirmation, do you approve of the following?

Background checks that may be conducted initially and/or periodically as needed:

Physician's Health Clearance: _____yes _____no

Criminal Record: _____yes _____no

Driving Record: _____yes _____no

Personal Reference: _____yes _____no

Insurance Coverage: _____yes _____no

Please provide us with 2 personal references (excluding relatives):

1) Name _____ Relationship _____ Phone _____

Address _____ Zip _____

Email _____

2) Name _____ Relationship _____ Phone _____

Address _____ Zip _____

Email _____

The above information is accurate and correct to the best of my knowledge. RAN is not obligated to provide a replacement opportunity, nor am I obligated to accept the position offered.

Signature _____

Date _____

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

Please mail form to: Ride Assist Naperville, 790 Royal St. George Dr. Ste 141 #156, Naperville, IL 60563

Phone: 630-864-3087 * email: info@rideassistnaperville.org