



Ride Assist Naperville (RAN) Volunteer Driver Application

Name:				Email:			
Home Tel:				Cell:			
Street Address:				City, Zip Code:			
Emergency Contact:				Emergency Contact Phone:			
Indicate times you are available to drive:		Mon	Tues	Wed	Thurs	Fri	Sat
	Morning						
	Afternoon						
	Evening						
How often are you available to drive?	Times/week:		Per month:		Occasionally:		
Are you available for last minute requests?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you willing to drive outside our service area?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you be willing to drive a veteran to Hines Hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Can you perform the essential functions of the position? (see volunteer driver guidelines)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:							
Vehicle type used: (year, make, model, # of doors)				Do you own this vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have a valid IL driver's license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In the last 5 years, have your driving privileges been suspended or revoked?			Yes <input type="checkbox"/>	No <input type="checkbox"/>



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Have you ever received a hardship license? (JDP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been convicted of a crime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:					
<i>With your signature on this application as confirmation, do you approve of the following?</i>					
Background checks that may be conducted initially and/or periodically as needed:					
Physician's Health Clearance:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Criminal Record:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Driving Record:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Personal Reference:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Coverage:	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Please provide us with 2 personal references (excluding relatives):					
1. Name:		Relationship:		Phone:	
Mailing Address:			Email Address:		
2. Name:		Relationship:		Phone:	
Mailing Address:			Email Address:		
<i>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.</i>					
Signature:				Date:	Click or tap to enter a date.