



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:		
<p>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.</p> <p>VOLUNTEER RELEASE: In volunteering for RAN, I hereby waive and release Ride Assist Naperville officers, directors, board members, employees, and volunteers from any and all liability with respect to said transportation and the arrangement for said transportation and agree to hold harmless each of them from claims arising from this service. My signature below indicates my agreement to guidelines set forth by Ride Assist Naperville to volunteers. It also indicates my understanding that volunteering for RAN, I voluntarily assume all risks related to exposure to COVID19.</p>					
Signature:				Date:	Click or tap to enter a date.