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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | | | | **Email:** | | | | |  | | | | |
| **Home Tel:** |  | | | | | | | | **Cell:** | | | | |  | | | | |
| **Street Address:** |  | | | | | | | | **City, Zip Code:** | | | | |  | | | | |
| **Emergency Contact Name and their relationship to you:** |  | | | | | | | | **Emergency Contact Phone:** | | | | |  | | | | |
| **Are you a Veteran?**  **(optional)** | Yes | | | No | | | | | **Race & Ethnicity: (optional)** | | | | |  | | | | |
| **Indicate times you are available to drive:** |  | | Mon | | Tues | | | Wed | | | Thurs | | | | | Fri | | Sat |
| Morning | |  | |  | | |  | | |  | | | | |  | |  |
| Afternoon | |  | |  | | |  | | |  | | | | |  | |  |
| Evening | |  | |  | | |  | | |  | | | | |  | |  |
| **How often are you available to drive?** |  | | | | | | | | | | | | | | | | | |
| **Are you available for last minute requests?** | Yes | | No | | | **Would you be willing to drive a veteran to Hines Hospital?** | | | | | | Yes/Maybe | | | | | No | |
| **Comments:** |  | | | | | | | | | | | | | | | | | |
| **Vehicle type used:** (year, make, model, # of doors) |  | | | | | **Do you own this vehicle?** | | | | | | Yes | | | | | No | |
| **Do you have a valid IL driver’s license?** | Yes | | No | | | **In the last 5 years, have your driving privileges been suspended or revoked?** | | | | | | Yes | | | | | No | |
| **Have you ever received a hardship license? (JDP)** | Yes | | No | | | **Have you ever been convicted of a crime?** | | | | | | Yes | | | | | No | |
| *With your signature on this application as confirmation, do you approve of the following?* | | | | | | | | | | | | | | | | | | |
| **I’m in good health and can perform the duties of a volunteer driver.** | | | | | | | | | | | | | Yes  No | | | | | |
| **RAN has permission to run a criminal and driving history background check.** | | | | | | | | | | | | | Yes  No | | | | | |
| **I will always carry insurance on my vehicle and give proof to RAN.** | | | | | | | | | | | | | Yes  No | | | | | |
| **RAN has permission to contact my references listed below.** | | | | | | | | | | | | | Yes  No | | | | | |
| **Please provide us with 2 personal references (excluding relatives):** | | | | | | | | | | | | | | | | | | |
| **1. Name:** | |  | | | | | **Phone:** | | | | | | |  | | | | |
| **Email Address:** | |  | | | | | **Relationship:** | | | | | | |  | | | | |
| **2. Name:** | |  | | | | | **Phone:** | | | | | | |  | | | | |
| **Email Address:** | |  | | | | | **Relationship:** | | | | | | |  | | | | |
| **Comments:** | |  | | | | | | | | | | | | | | | | |
| 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.  **VOLUNTEER RELEASE:** In volunteering for RAN, I hereby waive and release Ride Assist Naperville officers, directors, board members, employees, and volunteers from 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. | | | | | | | | | | | | | | | | | | |
| **Signature:** | |  | | | | | | | | **Date:** | | | | |  | | | |