



# Ride Assist Naperville (RAN) Volunteer Driver Application

<b>Name:</b>				<b>Email:</b>			
<b>Home Tel:</b>				<b>Cell:</b>			
<b>Street Address:</b>				<b>City, Zip Code:</b>			
<b>Emergency Contact Name and their relationship to you:</b>				<b>Emergency Contact Phone:</b>			
<b>Are you a Veteran? (optional)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<b>Race &amp; Ethnicity: (optional)</b>			
<b>Indicate times you are available to drive:</b>		Mon	Tues	Wed	Thurs	Fri	Sat
	Morning						
	Afternoon						
	Evening						
<b>How often are you available to drive?</b>							
<b>Are you available for last minute requests?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Would you be willing to drive a veteran to Hines Hospital?</b>		<input type="checkbox"/> Yes/Maybe	<input type="checkbox"/> No	
<b>Comments:</b>							
<b>Vehicle type used:</b> (year, make, model, # of doors)				<b>Do you own this vehicle?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Do you have a valid IL driver's license?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<b>In the last 5 years, have your driving privileges been suspended or revoked?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Have you ever received a hardship license? (JDP)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<b>Have you ever been convicted of a crime?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



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*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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RAN has permission to run a criminal and driving history background check.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I will always carry insurance on my vehicle and give proof to RAN.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RAN has permission to contact my references listed below.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:	
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