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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | | | | | | **Email:** | | | | | |  | | | | | | | |
| **Home Tel:** |  | | | | | | | | | | **Cell:** | | | | | |  | | | | | | | |
| **Street Address:** |  | | | | | | | | | | **City, Zip Code:** | | | | | |  | | | | | | | |
| **Emergency Contact:** |  | | | | | | | | | | **Emergency Contact Phone** | | | | | |  | | | | | | | |
| **Are you a Veteran?** | Yes | | | | No | | | | | | **Emergency Contact Relationship** | | | | | |  | | | | | | | |
| **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 | | | No | | | | **Are you 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 position?** (see volunteer driver guidelines) | | | | | | | | | | Yes | | | | 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 | | |
| **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:** | | | | |  | | | | |
| **Mailing Address:** | |  | | | | | | | **Email Address:** | | | | | | | |  | | | | | | | |
| **2. Name:** | |  | | | | **Relationship:** | | |  | | | | | | | **Phone:** | | | |  | | | | |
| **Mailing Address:** | |  | | | | | | | **Email Address:** | | | | | | | |  | | | | | | | |
| **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 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. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature:** | |  | | | | | | | | | | | **Date:** | | | | | |  | | | | | |