



# Ready Rides

## Volunteer Application

Please fill out and return to:

PO Box 272 Northwood, NH 03261 **OR** [info@readyrides.org](mailto:info@readyrides.org)

This application will be used to establish your eligibility as a volunteer for Ready Rides. The information you provide helps us assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our volunteer driver program. Your information is confidential and is not shared.

All applicants must read and sign in the signature block at the bottom of this page.

Full Name:

Date of Birth:

(must be at least 25 years old)

Physical Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

If licensed in NH less than 10 years, list licenses previously issued:

Current License Number/State:

Previous License Number/State:

A positive response to the following four questions will not necessarily preclude you from volunteering.

Have you ever had your driver's license suspended, revoked, or refused?  Yes  No

*If yes, please explain:*

Has an insurance company ever refused, canceled, non-renewed, or given notice of intention to non-renew automobile insurance to you?

Yes  No

*If yes, please explain and list company and agent name and phone:*

Date:

Reason:

Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs?

Yes  No

*If yes, please explain:*

Have you had any moving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past 3 years?

Yes  No

*If yes, please explain:*

This application warrants a criminal history background check, and verification of my motor vehicle record as authorized by my signature below. Forms will be provided at orientation.

My signature below authorizes Ready Rides to obtain, at its sole discretion and expense, my employment and non-employment driving record, including all Department of Safety actions that have taken place regarding the driver's license I now hold, have held, or in the future may obtain. It also authorizes Ready Rides to conduct the following checks: criminal history, sex offender status, NH BEAS. I further agree to any other conditions described herein. This release continues in effect as long as I continue to serve as a Ready Rides volunteer.

Signature:

Date:

By providing the following information Ready Rides will be better able to offer volunteer assignments that best fit your schedule. This is not a commitment; it is simply letting us know your preferences.

When would you usually be available to volunteer? If your schedule changes on a weekly basis just check "My schedule is flexible."

Weekdays during normal business hours (8:00-5:00)

Weekends during the day

Early evening (5:00-8:00 PM)

My schedule is flexible. Let me know when a ride is needed; I'll help if I am able to.

Do you spend part of the year living in another location?  Yes  No

If yes, what months are you gone?

Are you willing/able to:

Transport passengers with medical equipment (e.g., an oxygen tank or walker)?  Yes  No

Transport a passenger with a seeing eye/service dog?  Yes  No

Have a passenger install an infant/child car seat in your vehicle?  Yes  No

Help a passenger carry groceries/packages to their door?  Yes  No

**Emergency Contact Information :** Name:

Address:

Phone:

Cell Phone:

Email:

### Volunteer-Provided Transportation Liability Waiver (Volunteer)

I, (printed name \_\_\_\_\_) , hereby acknowledge that I understand the health risks associated with participating in volunteer-provided transportation, namely potential exposure to coronavirus, a virus that causes serious illness (COVID-19) and may lead to death.

I understand that "social distancing" (maintaining a minimum distance of six feet from all other people, regardless of whether or not they show symptoms of illness) is the primary method recommended by the Centers for Disease Control and Prevention to stem the spread of the virus. I

further understand that safe social distancing in a private vehicle is not possible, and that providing transportation may result in contracting coronavirus, followed by serious illness and possibly, death.

I understand that Ready Rides additionally requires the driver and passenger to wear a mask and, using disinfecting wipes on surfaces and applying hand sanitizer, but recommends wearing latex gloves and an N-95 respirator mask before, during and immediately after providing transportation. I further understand that none of these measures may prove effective and that I may remain at heightened risk of contracting coronavirus due to providing transportation.

I understand that it is recommended I take my temperature within a one-hour window before providing transportation and to immediately notify Ready Rides volunteer coordinator if my temperature is 100.4 degrees Fahrenheit or higher; or if I am experiencing an unexplained loss or altered sense of smell or taste, cough, or shortness of breath.

I further understand that I may not provide transportation if I have such symptoms. I also agree to notify Ready Rides if such symptoms appear within fourteen (14) days after providing transportation. I consent to Ready Rides notifying any volunteer, member, agent, officer, employee, or other person of the existence of these symptoms.

I understand that Ready Rides is not liable for any illness or death that may occur as a result of my providing transportation. As a condition for providing transportation, I, for myself, my executors and assigns, further agree to release and forever discharge Ready Rides, and its agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on another's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of providing this transportation.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_