

Wheels to Worship/St. James Volunteer Driver Application

Name: _____ Email address: _____

Home phone number: _____ Cell phone number _____

Street Address: _____ City/Zip code _____

Date of birth: _____ Emergency contact/number: _____

Driver's license number: _____ Expiration date: _____

- Do you have a valid IL driver's license? yes ___ no ___
- In the last 5 years, have your driving privileges been revoked?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 agree to a background check (initially and periodically) to the following?

Physician's health clearance: yes ___ no ___ personal reference yes ___ no ___

Driving record: yes ___ no ___ Insurance coverage: yes ___ no ___ Criminal Record: yes ___ no ___

Background checks are conducted through the Archdiocese of Chicago website (see attached instructions)

Please provide two personal references (excluding relatives):

Name: _____ Relationship: _____

Address: _____ Phone number/email address: _____

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Information regarding the car(s) you will drive: (if you buy a new car, please advise the W2W coordinator).

Make/Model/number of doors/color: _____

Will you drive another car at any time? If so, please provide the same information for any secondary car:

Do you own the vehicle (s) you will be driving?

At any time, will you have additional passengers with you other than the Wheels to Worship passenger(s)? yes ___ no ___ If yes, who will also be riding with you? _____

How many Wheels to Worship passengers can you drive to the designated mass? _____

You will be required to provide a copy of your valid driver's license and proof of insurance. You must maintain valid insurance at all times while driving for Wheels to Worship and provide proof each time your insurance is renewed.

Please indicate what times you can drive:

_____ Saturday 5 p.m. _____ Sunday 10: a.m. _____ Sunday 11:30 a.m.

How often are you able to drive?

____ Every week (____) times a month _____ occasionally

Are you available for last minute requests? yes ___ no ___

Are you willing to help passengers with wheelchairs: yes ___ no ___

Can you perform the essential functions of the job (see attached job description)? yes ___ no ___

By signing this application, you attest that the information is true and accurate. You also consent to background checks as described on page one.

Written name: _____

Signature: _____

Date: _____

Instructions for completing the volunteer background check

- Login to the following website: <https://protect.archchicago.org/compliance-resources>
- Click on the blue text that reads: Volunteer Online Criminal History Check
- Create an online VIRTUS account
- Complete the criminal history check

At this time, it is not necessary to complete the Protecting God's Children seminar or a cants form. (this is subject to change).

Once you are notified by the Archdiocese that the background check is complete, please forward the confirmation to the W2W coordinator.