



Ride Trainer Application  
 ConnectAbility of MN  
 2700 1<sup>st</sup> St. N. Suite 200  
 St. Cloud, MN

DATE: \_\_\_\_\_  
 FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 BIRTHDATE: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

AVAILABILITY:	MON	TUE	WED	THUR	FRI	SAT	SUN
AM	___	___	___	___	___	___	___
PM	___	___	___	___	___	___	___

Familiarity with Lyft app: \_\_\_ None  
 \_\_\_ Some  
 \_\_\_ Experienced

PREVIOUS EXPERIENCE RELEVANT TO BECOMING A RIDE TRAINER:

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**ENROLLMENT AGREEMENT:**

I, \_\_\_\_\_, agree to participate in ConnectAbility of MN's Ride Trainer Program and understand that I am not an employee. I agree to the following: (1) consent to a background check as needed and further permit the sharing of this information to enable ConnectAbility of MN to carry out our required duties; and (2) I agree to comply with the Ride Trainer Program Requirements from ConnectAbility of MN.

I give permission to use my name and/or picture in news stories, news releases, etc. to help promote the program. \_\_\_YES\_\_\_NO

I affirm that the preceding information is true and correct, and understand that any updates to this information will be accurately conveyed to the ConnectAbility of MN staff when they occur.

RIDE TRAINER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_