



Volunteer Application
Community Bicycle Center

Name:	_____	_____	_____
	Last	First	Middle or Maiden
Address:	_____		
	Street & Number	City	Zip
DOB	___/___/___	Phone #'s:	_____/_____/_____
		Home	Work Cell
E-mail:	_____		
Emergency Contact:	_____	Phone #:	_____
Place of Employment:	_____	How long there	_____
Supervisor	_____	Phone	_____

Please list any other names you have used (i.e. maiden name, previous marriage)

I understand that the results of an extensive background check are required for my volunteerism and hereby give permission for the Community Bicycle Center to obtain this information. I understand that any information found will be kept confidential.

Signature Date Witness

PHOTOGRAPH / VIDEO RELEASE

The Community Bicycle Center takes pictures or videos of people participating in various CBC program activities. At times, photographers and camera operators from the news media will also take images of the Community Bicycle Center participants. We need your permission to display these images. We would like to use these images on bulletin boards in the CBC bike shop; in the Community Bike Center literature and stationery; at conferences and workshops; and we would also like to use the images to publicize the work of the participants in newspapers, magazines, professional publications, and as part of the Community Bicycle Center website (www.communitybike.net).

_____ YES I grant permission for images to be taken of me and used for display purposes outlined above.

_____ NO I do not grant permission for images to be used for display purposes or on the Community Bicycle Center website.

References

Please list the name, e-mail and mailing addresses of three (3) people who know you well and have known you for at least one (1) year. If employed you may list your immediate supervisor as one of your references. Relatives are not acceptable as a reference.

Please Print or Type

#1 Name: _____

How long known _____ E-mail _____

Mailing address _____

Street & number

City _____ State _____ Zip _____

Phone _____ / _____ / _____

Home

Office

Other

#2 Name: _____

How long known _____ E-mail _____

Mailing address _____

Street & number

City _____ State _____ Zip _____

Phone _____ / _____ / _____

Home

Office

Other

#3 Name: _____

How long known _____ E-mail _____

Mailing address _____

Street & number

City _____ State _____ Zip _____

Phone _____ / _____ / _____

Home

Office

Other

Tell us about your motivation to volunteer at the CBC

<u>Volunteer Interests at CBC</u>	<u>Skills You Bring to CBC</u>
<ul style="list-style-type: none"> <input type="checkbox"/> After-School Bike Repair <input type="checkbox"/> Bike Monkeys Mentor <input type="checkbox"/> Bicycle Collection <input type="checkbox"/> Board Member <input type="checkbox"/> Co-leading Road Rides <input type="checkbox"/> Co-leading MTB Rides <input type="checkbox"/> Committee Member <input type="checkbox"/> Secretarial – Data Entry <input type="checkbox"/> Special Skills Projects <input type="checkbox"/> Trek Across Maine Mentor <input type="checkbox"/> Girls Bike Ride Group Leader <input type="checkbox"/> Bike Parts Art Instructor <input type="checkbox"/> Bike to School Chaperon <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Bicycle Mechanics <input type="checkbox"/> Business Management <input type="checkbox"/> Computer Technology <input type="checkbox"/> Cycling Skills (Road/MTB/BMX) <input type="checkbox"/> Experiential Education <input type="checkbox"/> Organizational Development <input type="checkbox"/> Volunteer Management <input type="checkbox"/> Grant Writing <input type="checkbox"/> Relationship Fundraising <input type="checkbox"/> Special Events Management <input type="checkbox"/> Measurement and Evaluation <input type="checkbox"/> Website Management <input type="checkbox"/> Marketing & Branding <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

<u>Availability</u>		
<ul style="list-style-type: none"> <input type="checkbox"/> Special Events <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Seasonal _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday 	<ul style="list-style-type: none"> <input type="checkbox"/> Morning _____ <input type="checkbox"/> Afternoon _____ <input type="checkbox"/> Evening _____

THANK YOU FOR APPLYING TO VOLUNTEER!