

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone (day/cell): _____ (evening): _____

Email Address: _____

Desired Position: _____

Please describe your past volunteer experience:

Why are you interested in volunteering for the Gainesville Community Bicycle Project, Inc.?

What strengths will you bring as a volunteer? Weaknesses?

Availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (9a-11a)							
Midday (11a-2p)							
Afternoon (2p-4p)							
Evening (4p-6p)							
Night (6p-8p)							

Please list three individuals (non-family members) who can provide references on your ability to volunteer at the Gainesville Community Bicycle Project, Inc.

- | | Name | Address | Phone | Relationship |
|----|-------|---------|-------|--------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

Signature: _____ Date: _____

Your signature on this application constitutes your consent for subscription to The Kickstand's Volunteer listserv. Your signature also indicates your agreement to waive liability of the Gainesville Community Bicycle Project, Inc. for any damages you may incur, personal, material or otherwise, during your presence at "The Kickstand" and related events/workshops. Thank you for your support!