



VOLUNTEER APPLICATION

Volunteers play an important role in the growth of Bike JC. If you believe in our mission of creating a more bicycle friendly Jersey City, we encourage you to volunteer and get involved. The information on this form will be kept confidential and will help us find the most satisfying, fun and appropriate volunteer opportunity for you. Thank you for your interest in Bike JC.

Name*: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please list any special interests, ideas or skills you have that you feel could benefit Bike JC.

Please tell us in which areas you are interested in volunteering:

- Ride Marshalls for Ward Tour
- Starting Line Set Up and Break Down
- Ward Tour Finish Line Festival Set Up and Break Down
- Promotion/Marketing
- Photography
- Bike Repair
- Press Release
- W.T.Registration Table (9 am - 11 am)
- Fundraising
- Bike Valet
- Newsletter
- Light Up Rides

Please indicate days available: Mon Tues Wed Thur Fri Sat Sun

Times available: From _____ to _____

Any physical limitations requiring special accommodations?

*: Please note volunteers must be 15 years of age or older. Volunteers who have not reached the age of 18 must be accompanied by a parent or legal guardian.



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Emergency Contact Information:

Name: _____

Relation: _____

Phone #: _____

As a volunteer of Bike JC, I agree to abide by the policies and procedures set forth in the Bike JC Volunteer Handbook. I understand that I will be volunteering at my own risk and that Bike JC, other volunteers and affiliates, do not assume any responsibility for any liability, any accident, injury or health problem which may arise from the volunteer work I perform for Bike JC. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____

Date: _____

(If you are younger the age of 18, signature of legal guardian or parent is required.)

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