



## Volunteer Pilot Application

### Contact Information

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### References

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Years Known: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Years Known: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Years Known: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

Comments (office use only):

### Program information

Do you feel comfortable assisting seniors in and out of the trishaw?      Yes      No

Do you have a cell phone to use in case of emergency?      Yes      No

Do you have any experience with bicycle maintenance?      Yes      No

This is a transitory document and will be used to create your volunteer profile then destroyed.  
The personal information being collected herein is collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, R.S.A. 2000 Chapter F-25; Section 33(c). If you have any questions regarding the collection and use of this information please contact the Town of Canmore Municipal Records Officer 403.678.1509.

# Cycling Without Age Volunteer Pilot Application

Do you have any medical conditions that may affect your ability to participate in Cycling Without Age (heart conditions, vision difficulties, etc.)?

What is your experience with cycling?

Why do you want to become a Pilot for Cycling Without Age?

**Internal Use Only**

**Interviewer Notes:**