

 **CYCLE**
TRANSITIONS
VOLUNTEER FORM

LAST NAME: _____ FIRST NAME: _____

DID YOU COMPLETE A MEMBERSHIP FORM? and/or ARE YOU ALREADY A MEMBER YES NO

If YES skip to the VOLUNTEER HOURS section.

If you do not wish to become a member but want to VOLUNTEER ONLY please complete your contact information below:

ADDRESS: _____

TOWN: _____ POSTAL CODE: _____ - _____

PHONE NUMBER: _____ - _____ - _____ EMAIL: _____

D.O.B. ____ / ____ / ____

GENDER: MALE FEMALE

CT Membership# _____ (If you do not have a membership # leave blank)

VOLUNTEER HOURS:

HOW MANY HOURS PER MONTH ARE YOU AVAILABLE? 1-2 hours 2-3hours 3+ hours

WHAT VOLUNTEERING OPPORTUNITY INTERESTS YOU?

ADMINISTRATION? GENERAL BIKE VOLUNTEER? TEACHER MECHANIC?

OTHER? (PLEASE SPECIFY) _____

(Other ideas: dump/scrap metal drop-offs, pick up donated bicycles, art work for CT, event planning, h/s graduate community hours)

ANY VOLUNTEER OPPORTUNITIES and/or ALL OF THE ABOVE

DATE: (MONTH/DAY/YEAR) ____ / ____ / ____

ARE YOU A STUDENT WISHING TO COMPLETE COMMUNITY INVOLVEMENT HOURS? YES NO

TO BE COMPLETED BY ADMINISTRATION: Date Entered ____ / ____ / ____ Initial: _____