



# Youth Under 18 Volunteer Application

**FOR JTBM OFFICE USE ONLY:**

Date Rec'd: \_\_\_/\_\_\_/\_\_\_

Entered into volunteer database:

Entered by: \_\_\_\_\_

*The Mission of "Jack the Bike Man" is to strengthen our community through bicycle education and safety programs.*

*Our Vision, to create a community of healthy active individuals by providing hope to the less fortunate through support, training, and access to bicycles.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Last*

*First*

*Middle*

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Referred by: \_\_\_\_\_

Are you here to earn a bicycle?  Yes  No

Are you performing court-mandated service?  Yes  No

If Yes, how many hours of community service do you need to complete? \_\_\_\_\_

Are you currently a student?  Yes  No If Yes, at what school? \_\_\_\_\_

## Volunteer Interests

What resources or skills would you like to share? Check all that apply.

- Bike Repair
- Event Planning
- Fundraising
- Data Entry
- Graphic Design
- Teaching Youth
- IT Support
- Photography
- Website Design
- Marketing
- Others: \_\_\_\_\_

How would you describe your bike mechanics experience level?

- Beginning
- Intermediate
- Advanced
- Professional Shop Mechanic, # of Years: \_\_\_\_\_

What do you hope to gain from serving as a Jack the Bike Man volunteer and what are some of the reasons you would like to volunteer with us?

How did you hear about Jack the Bike Man? Please check as many as apply

- JTBM social media (Facebook, Instagram, etc)
- JTBM Website
- JTBM Event
- JTBM Flyer or Brochure
- JTBM Staff/Board Member \_\_\_\_\_
- Friend: \_\_\_\_\_
- Other: \_\_\_\_\_

**Do you grant Jack the Bike Man permission to use your name and image in Jack the Bike Man publications and promotional materials (e.g. Jack the Bike Man website, newsletter, videos, social media, etc.)?**

- Yes, I grant permission       No, I do not grant permission      OR  
 I grant limited permission (please specify uses of your name and/or image that you are comfortable with, and grant permission to Jack the Bike Man, Inc.): \_\_\_\_\_

You are not required to answer the following questions, but your response will help us to better assist you and better assist our community. This information will be kept private and only be used to help us in developing programs and help us in writing grants that will support the day to day operations of Jack the Bike Man, Inc. Thank you for your participation. Please tell us a little about yourself.

Which categories describe you? *(Select all boxes that apply. Note, you may select more than one group)*

- American Indian or Alaska Native *(For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)*  
 Asian *(For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)*  
 Black or African-American *(For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.)*  
 Hispanic, Latino, or Spanish origin *(For example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc.)*  
 Middle Eastern or North African *(For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.)*  
 Native Hawaiian or Other Pacific Islander *(For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)*  
 White *(For example, German, Irish, English, Italian, Polish, French, etc.)*  
 Some other race, ethnicity or origin

How long have you lived in Florida? \_\_\_\_\_

Do you have any medical issues or disabilities? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Have you experienced homelessness?       Yes, currently       Yes, in the past       No

If Yes, how long have you been or how long were you homeless? \_\_\_\_\_

Are you in any type of rehabilitation or half way house for alcohol or substance abuse?

Yes, currently       Yes, in the past       No

If Yes currently, what is the name of the facility? \_\_\_\_\_

What is the address of the facility? \_\_\_\_\_

How long have you been sober? \_\_\_\_\_

If you are earning a bike with us, do you plan on using it as your basic means of transportation to and from work or school?

Yes     No    If yes, how many miles do you have to ride to school/work? \_\_\_\_\_

# Volunteer Emergency Information and Waiver

## PARENT/GUARDIAN CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

May we add you to our email list?  Yes  No    May we add you to our mail list?  Yes  No

## WAIVER

I Acknowledge that I understand the nature of Jack the Bike Man, Inc. sponsored Activities at and outside of Jack the Bike Man, Inc. ("Activities") and warrant that I am qualified, in good health, and in proper physical condition to participate in such Activities.

I Acknowledge that some Activities occur on public roads and other facilities on which the risks of travel are to be expected and that some activities occur in a bike shop in which the risks of a shop setting are to be expected. These "RISKS" include MINOR INJURIES, SERIOUS BODILY INJURIES, PERMANENT DISABILITY, PARALYSIS AND DEATH. These Risks may be caused by my actions or inactions as well as the actions or inactions of others participating in the Activities.

I ACCEPT AND ASSUME ALL RISKS FOR LOSSES, COSTS AND DAMAGES I incur as a result of my participation in any Activities including any and all economic or non-economic damages not known to me nor readily foreseeable at this time.

I RELEASE, COVENANT NOT TO SUE, and HOLD HARMLESS Jack the Bike Man, Inc., its administrators, directors, agents, officers, members, volunteers, and employees, other participants, or any sponsors ("Releases") for any and all liability related to Activities caused or alleged to be caused in whole or in part by the Releases. I further agree that if, despite this release, I, or anyone on my behalf, make such claim against any of the Releases, I will indemnify and hold harmless the Releases from any and all costs they incur as the result of such claim including, but not limited to, attorney fees and costs.

In case of an emergency, I hereby authorize and give permission to any physician, hospital, health care provider, or other medical personnel selected by the staff of Jack the Bike Man, Inc. to provide prompt medical treatment and arrange necessary related transportation. I agree that once I am in the care of medical personnel or a medical facility, Jack the Bike Man, Inc. shall have no further responsibility me and I agree to pay all costs associated with such medical care and transportation. I agree to allow Jack the Bike Man, Inc. staff to dispense medications to me as needed.

It is my responsibility to ride and behave safely at all times. Practice safe work habits and safe riding habits. Always wear a helmet when riding to, from or on Jack the Bike Man, Inc. programs.

I understand that this is a Drug and Alcohol Free establishment and I will not be under the influence of any substances while here. I understand that I am subject to being drug tested if deemed appropriate.

**I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND AGREE TO IT.**

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by Staff Signature

\_\_\_\_\_  
Staff Printed Name

\_\_\_\_\_  
Date

*This form may be photocopied for Jack the Bike Man, Inc. files and for staff responsible for volunteer programs and activities*

# JACK THE BIKE MAN

## Volunteer Policies, Procedures and Participant Agreement

Welcome! The mission of Jack the Bike Man (JTBM) is to strengthen our community through bicycle education and safety programs. JTBM is a 501 c3 nonprofit organization, established in 2007. It was founded by Jack Hairston who saw a need among at-risk children and adults. His leadership and vision created “Wheels of Hope,” providing an opportunity for adults to earn a Bike, exchanging work and bicycle for a free bicycle. We have an educational after school program with children learning about bikes and work experience programs for people in recovery. We also give away thousands of bicycles to children every year.

Here are some rules we need you to follow. Violation will result in termination of your volunteer service.

### Safety

- \*There is a dress code for your safety. Dress in clothing that is comfortable and you don't mind getting dirty. Please dress appropriately for the work here, t-shirts and jeans or long shorts or leggings are best. No open-toe shoes.
- \*Obviously, no illegal weapons are allowed on the property.
- \*Please stay hydrated, it can get hot in the warehouse. There is a water fountain in the break area.

### Behavior

- \*Smoking is only allowed within designated areas outside during breaks. No alcohol or drugs are allowed
- \*No physical contact, altercations, harassment, stealing, destroying JTBM property or threats of bodily harm will be tolerated.
- \*No sexual contact of any kind will be tolerated at JTBM.

### Hygiene

- \*Food is only to be eaten in the break room.
- \*Always wash hands thoroughly upon arriving and after using the restroom.

### Phones

- \*All phones must be put into a locker when you arrive, before beginning your shift and remain in the locker while you are working.

### Breaks

- \*While doing community service, no breaks are allowed for lunch or other reasons. If you plan to take a break then sign out and sign back in when you return to work.

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Volunteer Print Name

Volunteer Signature

Date

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Supervisor Print Name

Supervisor Signature

Date