

# Re-bicycle LENAWEE

## Office Use Only

- Application Committee
- Intake – At shop
- Repair only
- Bike trade

## Application

Application for Re-Bicycle Lenawee must be filled out completely before the application can be processed.

Date of Application: \_\_\_\_\_

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Why do you need a bicycle? Please check appropriate box and explain.

Employment     Education     Basic Living Needs     Medical     Physical/Mental Well-being

Explain your need/desire for a bicycle:

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Have you ever received a bicycle from Re-Bicycle Lenawee?     YES     NO

If "Yes", where is that bicycle now? \_\_\_\_\_

Employer/School \_\_\_\_\_ Current mode of transportation: \_\_\_\_\_

Do you have a potential job offer?     YES     NO    Start Date \_\_\_\_\_

Income Level:    \_\_\_ 0-10,000    \_\_\_ 10,000-20,000    \_\_\_ 20,000-30,000    \_\_\_ 30,000-40,000    \_\_\_ 40,000+

Number of people in household: \_\_\_\_\_

Transportation – Fitness – Fun  
One Bike at a time

I certify that the information on this application is correct to the best of my knowledge and may be used for verification and statistical reporting. Falsification may lead to disqualification of the program. I also authorize the release by a referring agency of any information that may be needed to process my application, including information from other participating agencies.

**Liability Waiver:**

I, the undersigned, as for myself and/or my child, as parent and natural guardian, as the case may be, do hereby release as a condition of participation Re-Bicycle Lenawee, from any and all liability for claims, damages, causes of action, cost, losses or fees, or medical expenses incident to any bodily injury or property loss incurred by me or my child, as the case may be, after receiving a bicycle from Re-Bicycle Lenawee.

By signing this document, I understand that by receiving a bicycle from Re-Bicycle Lenawee, I am also responsible for determining whether or not I or my child, as the case may be, am/is capable of the usage of the bicycle, and therefore absolve Re-Bicycle Lenawee, from any and all risk or injury or loss from any requirements of deciding if I or my child, as the case may be, am/is capable of the usage of the bicycle.

I fully appreciate and understand the nature of bicycling and the inherent risk of injury and loss, and consent to assume such risk of injury and consequent loss or damage incurred thereby. Bicycling is an inherently dangerous activity, which could result in personal injury including death. I agree to wear a helmet and/or require my child to do so. I agree to learn and follow the rules of the road. I agree to maintain my bicycle properly, to regularly inspect it for defects, and to refrain from riding a compromised bicycle. I hereby further acknowledge that personal safety is the responsibility of the bicyclist. I agree to hold harmless and indemnify the volunteers of Re-Bicycle Lenawee for any and all damage claims.

I understand that I have carefully read the foregoing release and know the contents thereof and sign on my free act as a condition of participation.

\_\_\_\_\_  
Applicant/Guardian Signature

\_\_\_\_\_  
Date

**To be completed by Agency assisting applicant**

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

After discussing the need for a bicycle with the applicant, and verify the need, I am making the recommendation that this applicant obtain a bicycle from Re-Bicycle Lenawee. Volunteer hours have been discussed.

\_\_\_\_\_  
Referring Agency Staff Signature

\_\_\_\_\_  
Date

**Transportation - Fitness - Fun**  
One Bike at a time

## To be completed by Re-Bicycle Lenawee Committee

Date Committee received application: \_\_\_\_\_ Date application Reviewed \_\_\_\_\_

Committee Recommendation: Approve: \_\_\_\_\_ \*Denial: \_\_\_\_\_  
(Committee Designee/date) (Committee Designee/date)

### Checklist

- Completed safety training (date if different than date of delivery) \_\_\_\_\_
- Safety trainer: \_\_\_\_\_
- Date of delivery \_\_\_\_\_  Waiver signed: \_\_\_\_\_
- Release of info for picture/info for media -distribution/promotion
- Donation collected/amount \_\_\_\_\_  Volunteer hours verified \_\_\_\_\_

\*Explanation of denial:

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Please fax to:  
Family Counseling and Children's Services  
Fax: (517)263-6090

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Transportation - Fitness - Fun  
One Bike at a time