



## Volunteer Pilot Application

### Personal Information

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

D.O.B.: \_\_\_\_\_

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

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency contact, relationship & phone number:

\_\_\_\_\_

DL# \_\_\_\_\_ Date of issue \_\_\_\_\_

Will you/can you use the above mobile number in an emergency?      **Yes**      **No**

### Program Information

Are you comfortable assisting seniors and people with disabilities in and out of the Trishaw? **Yes No**

Are you comfortable interacting and engaging in conversation with the elderly and/or with people with memory loss or dementia?      **Yes**      **No**

\_\_\_\_\_

\_\_\_\_\_

What is your experience with seniors? (experience with seniors is not a requirement):

\_\_\_\_\_

\_\_\_\_\_

What is your cycling experience? (you don't have to be a century rider):

\_\_\_\_\_

\_\_\_\_\_

Why do you want to be a Pilot in the Cycling Without Age Columbus program?

\_\_\_\_\_

\_\_\_\_\_



**Volunteer Availability Information**

What is your availability from May through October?\*

**Please Circle: Mornings Afternoons Evenings**

Please LINE OUT days you would NOT be available:

**Mon Tue Wed Thur Fri Sat Sun**

All pilots will be required to attend a one-hour training to be held at WHV. Are you willing to attend such a training? **Yes No**

Are you currently aware of dates that you will be away from Columbus?

\_\_\_\_\_

→Volunteers will be asked to sign up using an on-line form for 2-hour shifts throughout the summer

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

- All Volunteer Pilots for Cycling Without Age Columbus who pilot residents of the Wexner Heritage Village will be required to complete a background check and take a TB test.

**References**

Name, Relationship, Email, Phone: \_\_\_\_\_

\_\_\_\_\_

Name, Relationship, Email, Phone: \_\_\_\_\_

\_\_\_\_\_

Please scan, complete and email this form to [misha.zinkow@cyclingswithoutage.com](mailto:misha.zinkow@cyclingswithoutage.com), or mail it:

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