



**CAPTAIN**  
Community Human Services

# BIKE WORKS APPLICATION

PARENT/ADULT NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_  
 DATE OF REQUEST: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIKE REQUESTED FOR (NAME): \_\_\_\_\_  
 AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ lbs. HEIGHT: \_\_\_\_\_ GENDER: \_\_\_M \_\_\_F  
 COLOR OF BIKE\*: \_\_\_\_\_ STYLE OF BIKE\*: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_  
 DO YOU NEED A HELMET?: \_\_\_YES \_\_\_NO \*color/style are based on availability

What is your intended use for a bicycle? (ex: riding to school, transportation to job, recreation, etc.?)

\_\_\_\_\_

Do you receive public assistance?: \_\_\_YES \_\_\_NO

Do you receive services from CAPTAIN CHS? If so, what services?

\_\_\_\_\_

**By signing this form, you or the responsible parent/guardian for this child acknowledges CAPTAIN Community Human Services is not liable for any personal injury, loss of equipment, or damage to equipment sustained after leaving the premises.**

Signature of Parent/Guardian: \_\_\_\_\_

BIKE REQUEST REVIEW - OFFICE USE ONLY					
REQUEST:	GRANTED	DENIED (REASON _____)			
BIKE SOURCE:	DONATED	NEW	HELMET:	YES	NO
DELIVERY DATE:	_____	CONTACTED:	_____		
COMMENTS:	_____				

Please email your application to [stephanie@captaincares.org](mailto:stephanie@captaincares.org) or mail or drop off to CAPTAIN Community Human Services, 5 Municipal Plaza, Suite 3, Clifton Park, NY 12065.

*Please be advised: Bike Works cannot guarantee a bike to every applicant.*