



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 nikki@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.