

## APPLICANT INFORMATION

FIRST NAME \*

LAST NAME \*

PREFERRED / ROAD NAME

EMAIL ADDRESS \*

PHONE NUMBER \*

CHAPTER MEMBER ID

NATIONAL H.O.G. MEMBERSHIP NUMBER \*

EXPIRY DATE (YYYY-MM-DD) \*

## RIDING BACKGROUND

YEARS RIDING \*

LICENCE CLASS \*

INSURANCE EXPIRY \*

APPROX. KM PER YEAR

BIKE YEAR

MAKE \*

MODEL \*

COLOUR

MOTORCYCLE SAFETY, ADVANCED RIDING, FIRST-AID OR RELATED COURSES

## QUALIFICATIONS AND READINESS

- |                                                      |                                                       |                                                                 |
|------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Valid motorcycle licence    | <input type="checkbox"/> Current motorcycle insurance | <input type="checkbox"/> Chapter member in good standing        |
| <input type="checkbox"/> Group riding experience     | <input type="checkbox"/> Route planning / navigation  | <input type="checkbox"/> Current or previous first-aid training |
| <input type="checkbox"/> Comfortable leading a group | <input type="checkbox"/> Comfortable riding sweep     | <input type="checkbox"/> Radio / group communications           |

## EXPERIENCE AND MOTIVATION

DESCRIBE LEADERSHIP, VOLUNTEER OR GROUP-RIDING EXPERIENCE \*

WHY DO YOU WANT TO SERVE AS A ROAD CAPTAIN? \*

**A ROAD CAPTAIN HELPS PLAN AND LEAD SAFE, ORGANIZED RIDES AND SUPPORTS CHAPTER OFFICERS.**

Selection may include an interview, orientation, supervised rides and approval by the chapter's designated officers.

## AVAILABILITY

☐ Weekday rides ☐ Evening rides ☐ Weekend rides ☐ Overnight / multi-day rides ☐ Short notice

## AVAILABILITY, SCHEDULING LIMITS OR SEASONAL CONSIDERATIONS

## SAFETY AND LEADERSHIP SCENARIOS

## HOW WOULD YOU RESPOND TO A BREAKDOWN, COLLISION OR MEDICAL INCIDENT DURING A CHAPTER RIDE? \*

## HOW WOULD YOU HANDLE RIDERS BECOMING SEPARATED OR A PARTICIPANT REPEATEDLY IGNORING THE RIDE PLAN? \*

## HOW WOULD YOU ASSESS AND COMMUNICATE A ROUTE CHANGE CAUSED BY WEATHER, CONSTRUCTION OR ROAD CONDITIONS? \*

## REFERENCES

## REFERENCE 1 - NAME

## PHONE

## RELATIONSHIP

## REFERENCE 2 - NAME

## PHONE

## RELATIONSHIP

## APPLICANT DECLARATION

I certify that the information in this application is accurate. If selected, I agree to follow chapter policies, ride plans, safety procedures and the zero-alcohol policy; maintain a valid motorcycle licence, registration and insurance; model safe and respectful riding; communicate hazards and incidents promptly; attend required training or briefings; and accept that appointment as a Road Captain is at the chapter's discretion and may be withdrawn.

## TYPED APPLICANT NAME / SIGNATURE \*

## DATE (YYYY-MM-DD) \*

## CHAPTER REVIEW

## RECEIVED DATE

## INTERVIEW DATE

## DECISION

☐ Approved☐ Conditional☐ Not approved

## REVIEW NOTES, CONDITIONS OR TRAINING REQUIREMENTS

## REVIEWED BY

## OFFICER APPROVAL

## DATE