



APPLICATION FOR MOTORCYCLE INSTRUCTOR TRAINING

PERSONAL INFORMATION

NAME: _____
(GIVEN) (SURNAME)

ADDRESS: _____
(STREET OR APT. NO.) (STREET)

(CITY) (POSTAL CODE)

TELEPHONE: _____
(HOME) (WORK)

BIRTHDATE: _____ SEX: M _____ F _____
D M Y

CANADIAN CITIZEN: YES _____ NO _____ SOCIAL INSURANCE NO. _____

DRIVER'S LICENCE NUMBER: _____ CLASSES: _____
YEARS LICENCED FOR MOTORCYCLE _____

DO YOU HAVE ANY HEARING OR VISION IMPAIRMENTS? YES _____ NO _____
IF YES, GIVE PARTICULARS _____

DO YOU HAVE ANY MEDICAL CONDITION, DISABILITY OR HANDICAP ?

HEART _____ DIABETES _____ EPILEPSY _____ OTHER _____

IF YES, PLEASE DESCRIBE: _____

MOTORCYCLES CURRENTLY OWNED: YEAR _____ BRAND _____ MODEL _____
YEAR _____ BRAND _____ MODEL _____

Please attach a Driver's Abstract (available without charge from any ICBC Driver Licensing Office)

FAMILY INFORMATION:

MARITAL STATUS: _____

IF MARRIED, NAME OR SPOUSE: _____

SPOUSE'S TELEPHONE: _____ (HOME) _____ (WORK)

PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME: _____

TELEPHONE: _____ (HOME) _____ (WORK)

EMPLOYMENT INFORMATON:

PRESENT EMPLOYER: _____ POSITION _____

EMPLOYER'S ADDRESS: _____

LENGTH OF TIME ON JOB: _____

DESCRIBE YOUR DUTIES: _____

PREVIOUS EMPLOYER: _____ POSITION _____

LENGTH OF TIME ON JOB: _____

DESCRIBE YOUR DUTIES: _____

EDUCATION AND TRAINING BACKGROUND:

HIGH SCHOOL GRADUATE? YES _____ NO _____

COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL? YES _____ NO _____

COURSE OF STUDY _____

DEGREE OR CERTIFICATION RECEIVED _____

OTHER TRAINING AND QUALIFICATIONS _____

ACCIDENT HISTORY: (LAST 5 YEARS ONLY)

1. YEAR _____ VEHICLE OPERATED _____
DESCRIPTION: _____
IF CHARGED, WHAT OFFENCE? _____
CONVICTED: YES _____ NO _____ INJURIES: YES _____ NO _____
2. YEAR _____ VEHICLE OPERATED _____
DESCRIPTION: _____
IF CHARGED, WHAT OFFENCE? _____
CONVICTED: YES _____ NO _____ INJURIES: YES _____ NO _____
3. YEAR _____ VEHICLE OPERATED _____
DESCRIPTION: _____
IF CHARGED, WHAT OFFENCE? _____
CONVICTED: YES _____ NO _____ INJURIES: YES _____ NO _____

DRIVER EDUCATION HISTORY:

1. DATE: _____ TYPE OF COURSE _____
2. DATE: _____ TYPE OF COURSE _____
3. DATE: _____ TYPE OF COURSE _____

DRIVING EXPERIENCE:

AUTOMOBILE: YEARS _____ MILEAGE _____
MILEAGE PAST 12 MONTHS _____

TRUCK/BUS: YEARS _____ MILEAGE _____
MILEAGE PAST 12 MONTHS _____

MOTORCYCLE: YEARS _____ MILEAGE _____
MILEAGE PAST 12 MONTHS _____

INSTRUCTIONAL EXPERIENCE:

HAVE YOU EVER BEEN INVOLVED IN COACHING OR INSTRUCTING: YES _____ NO _____

IF YES, PLEASE DESCRIBE AND LIST QUALIFICATIONS: _____

CLUB INVOLVEMENT AND RECREATIONAL ACTIVITIES:

PLEASE LIST MEMBERSHIPS AND SOCIAL, ATHLETIC OR RECREATIONAL ACTIVITIES:

APPLICATION FOR TRAINING:

I hereby apply for training as an Instructor in the Vancouver Island Safety Council's Motorcycle Training Program and agree to pay any fees or tuitions incurred in the process of becoming an Instructor. I also agree to abide by all rules and regulations governing my conduct as an Instructor as may be established by the Vancouver Island Safety Council and/or the I.C.B.C.

Date: _____ Signature: _____

WAIVER OF LIABILITY:

I hereby release the Vancouver Island Safety Council, its' officers, and instructors, from all responsibility, property damage, bodily injury, liability, costs and expenses and claims of every nature and kind whatsoever arising from or in consequence of my participation in any of the Training Courses conducted by the Council, and agree to save harmless the Vancouver Island Safety Council, its' officers and instructors, from all claims and rights of action which may arise through my participation in the course, forever.

Date: _____

Name: _____ Signature: _____

(print)

Witness: _____ Signature: _____

(print)

Witness Address: _____