

Newcomer Bike Mentorship Program Volunteer Application

Thanks for your interest in becoming a Newcomer Bike Mentorship Volunteer!

The Newcomer Bike Mentorship Program is being delivered by HUB Cycling in collaboration with Immigrant Services Society of BC (ISSofBC). If you have questions about the program, please contact program staff.

* Indicates required question



Your **Cycling** Connection

1. Do you own or have access to a bike, helmet and lock? *

Mark only one oval.

Yes

No *Skip to section 7 (Sorry!)*

Location Information and Spring/Summer Preference

2. Do you live in or near Vancouver, or can you get there easily for program rides and meetings? *

Mark only one oval.

Yes

No

3. Are you available to volunteer for 10-12 weeks between approximately May and September 2024? *

Mark only one oval.

Yes

No *Skip to section 7 (Sorry!)*

1. Personal Information

This information is collected, and will be kept confidential, in adherence with HUB Cycling's privacy policy. This policy can be viewed at <https://bikehub.ca/terms-of-use-privacy-policy>.

By completing this survey you consent to the collection of information for the purpose of supporting HUB Cycling's marketing efforts. We are committed to protecting and respecting your privacy. The data will not be shared or sold to third parties. The information you provide will be kept confidential in accordance with Canada's Personal Information Protection and Electronic Documents Act (PIPEDA).

4. First Name: *

5. Last Name: *

6. Address: *

7. City: *

8. Postal Code: *

9. Home Phone:

10. Mobile Phone: *

11. E-mail Address: *

12. Emergency Contact (Full name):

13. Phone Number:

14. Relationship to you?

15. How long have you cycled in Metro Vancouver? *

Mark only one oval.

less than 6 months

6 months - 1yr.

1 - 3 yrs.

more than 3 yrs

16. Working with some of the immigrant and refugee clients participating in our program may require completion of a Criminal Record Check (CRC). Do you have a current Criminal Record Check (CRC)? NOTE: HUB Cycling will reimburse you for any costs associated with obtaining a Criminal Record Check (CRC). *

Mark only one oval.

Yes, I have a current (less than 5 years old) CRC for the vulnerable sector

No, but I am willing to obtain one prior to volunteering.

2. Skills Information

17. Education (please select highest)

Mark only one oval.

High School

College

Undergraduate Degree

Graduate Diploma

Masters

PhD

Other: _____

18. First Language: *

19. Additional languages I can speak (please indicate basic or fluent):

20. Additional languages I can read (please indicate basic or fluent):

21. Country of birth (if born outside Canada):

22. Rate your confidence riding on city streets. *

Mark only one oval.

1 2 3 4 5

Not Extremely confident

23. Rate your familiarity with the Metro Vancouver cycling network. *

Mark only one oval.

1 2 3 4 5

Not Very familiar

24. Have you ever taken a HUB Cycling StreetWise course or equivalent city cycling skills course? *

Check all that apply.

Yes

No

Other: _____

3. Volunteer Information

25. Do you have any previous volunteer experience? *

Mark only one oval.

Yes

No

26. If yes, for which organization(s) and in what position(s)? (list three most relevant)

4. Matching Information

27. Your age: *

Mark only one oval.

- 19-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56-60
- 61-65
- Over 65

28. Which gender do you identify with? *

Mark only one oval.

- Man
- Woman
- Non-binary
- Prefer not to say
- Other: _____

29. What is your occupation? (optional)

30. Which of the matching opportunities below are of interest to you? (Please check all that apply.)

Check all that apply.

- 1-1 matching
- family-to-1 matching
- family-to-family matching

31. Who of the following would you prefer to be matched with? (Check all that apply) *

Check all that apply.

- Family with a maximum of TWO children
- Family with TWO or more children
- Couple
- Woman
- Man
- Mother
- Father
- French speaking newcomer(s)
- Senior(s) aged 65 and older
- LGBTQ2
- No preference

32. Will any other friend(s) or family member(s) be assisting you with the match? *

Mark only one oval.

- Yes
- No

33. If yes, please state their first name, last name, and age below (Please note that each additional family member or friend over the age of 18 must complete a separate application form)

34. How did you learn about this volunteering opportunity?

Mark only one oval.

- Receiving HUB Cycling e-communications (Volunteer callout email, Monthly e-bulletin, Local Committee Newsletter, etc)
- Seeing HUB Cycling Social Media content (Facebook, Instagram, Twitter, etc)
- Visiting the HUB Cycling website directly
- Participation in other HUB Cycling programming (i.e. GoByBike week)
- Volunteering with other ISSofBC programming
- Referred to the program by another volunteer Bike Mentor (friend, family member, coworker, etc)
- Other: _____

Sorry!

You do not meet our volunteer requirements. If you have questions please feel free to get in touch by e-mailing program staff.

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