

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

- | | | |
|--|---|---|
| ☐ Valid motorcycle licence | ☐ Current motorcycle insurance | ☐ Chapter member in good standing |
| ☐ Group riding experience | ☐ Route planning / navigation | ☐ Current or previous first-aid training |
| ☐ Comfortable leading a group | ☐ Comfortable riding sweep | ☐ 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? *

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required training or briefings; and accept that appointment as a Road Captain is at the chapter's discretion and may be withdrawn.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