



PLEASE PRINT

BIKE ST. JOHN'S TASK FORCE
APPLICATION FORM

BACKGROUND

SECTION 1

The Bike St. John's Task Force is being established to help the City of St. John's review the current state of cycling in the City and map out the next steps that should be taken with respect to cycling. This task force is expected to be in place for up to one year with meetings every one to two months.

The terms of reference for this task force can be found at bikestjohns.ca

If you have any inquiries as you complete this application form please contact Garrett Donaher, Transportation Engineer at gdonaher@stjohns.ca

CONTACT INFORMATION

SECTION 2

Name (in full) _____

Address _____ City/Town _____ Postal Code _____

Ward # _____ ([Find My Ward](#))

Telephone (Home) _____ (Work) _____ (Mobile) _____

Email _____

AGE

SECTION 3

The recommendations of this task force may affect the cycling policy of St. John's for many years to come. To try and capture a variety of perspectives we are seeking members from a range of ages. Please select the group that best describes your age:

18-24 years

25-34 years

35-49 years

50-64 years

>65 years

CYCLING PROFILE

SECTION 4

Which **ONE** of the categories best describes your relationship to cycling:

Person who cycles recreationally

Person who cycles for transportation

Person who feels affected by existing bicycle lanes

Person who does not feel affected by existing bicycle lanes

If you indicated 1 or 2 please describe your experience with bicycling, i.e., years bicycling, frequency, normal distances travelled/week or month, routes used (streets, trails, area of the city and/or city region)

If you indicated 3 or 4 please describe your interest or how bicycling lanes have (or have not) affected you. Why do you feel (or not feel) affected by bicycling lanes?

AFFILIATION

SECTION 5

Do you have an affiliation with a local cycling organization, group, or business? If so, please provide the name of the group and let us know if you would be able to speak on their behalf during task force meetings.

INTEREST

SECTION 6

Please tell us a little bit about your interest in serving on the Bike St. John's Task Force.

REFERENCE

SECTION 7

Please provide a character reference. This reference should not be a family member or close relative. They will only be contacted as a final step before selection for this task force.

Reference name (in full) _____

Contact Numbers (Home) _____ (Work) _____ (Cell) _____

APPLICANT SIGNATURE

SECTION 8

Signature _____ Date _____

Please return by October 23, 2015 to:

Access St. John's, 1st Floor City Hall
10 New Gower Street
P.O. Box 908
St. John's, NL A1C 5M2

Call: 311 or 709-574-2489
Where 311 is unavailable, call 709-754-CITY (2489)
Fax: 709-576-7688
Email: service@stjohns.ca