

Trips for Kids Marin Recyclery Bike Shop Internship Application

Applicant Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Grade Level: \_\_\_\_\_

School Currently Attended: \_\_\_\_\_

Please provide the name and contact information for one faculty reference and one personal reference:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please provide information on any relevant cycling experience:

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Have you participated in a Trips For Kids program or activity before?:

Please answer the question below with a short (four to six paragraph) essay:

*What are some ways you feel a bike shop should contribute to the local community?*