



Free Bike Program Application Form

Newark Bike Project
136 South Main Street
Newark, DE 19711
info@newarkbikeproject.org
(302) 525-6833

APPLICANT INFORMATION

Very important to fill out "height" so we may pick an appropriately sized bike. Recipient zip code is also required.

Name: _____ E-mail: _____

Height: _____ Age: _____ Gender: _____ Zip Code: _____

BIKE PICK-UP CONTACT

Who we should contact when the bike is ready. We MUST HAVE a phone number or e-mail address.

Name: _____ Phone: _____

E-mail: _____ Address: _____

REFERRING ORGANIZATION

Must attach letter of reference. Qualified organizations include welfare and employment offices, Delaware DHSS offices, food banks, shelters, school nurses, churches, etc.

Organization: _____

Name: _____

Phone: _____ E-mail: _____

GENERAL INFORMATION

Does the applicant currently own a bike? (If yes, please explain why another is required. NBP is able to repair existing bikes at no cost to the applicant.)

Has the applicant ridden a bicycle before? (Noted, this answer will be used to determine the level of safety instruction given upon receipt of the bicycle.)

What will the applicant use the bicycle for?

What complimentary safety and security equipment will the applicant need?

☐ Helmet ☐ Lights ☐ Lock

How did the applicant hear about the Free Bike Program?