

Combat Veterans Motorcycle Association® Chapter 41-1

Wheels 4 Warriors Program

Application

By my signature below, I hereby apply for consideration for the Combat Veterans Motorcycle Association® Chapter 41-1 (CVMA® Chapter 41-1) Wheels 4 Warriors Program (W4W).

I certify that the following information is true to the best of my knowledge:

I am an honorably discharged U. S. Veteran or currently serving on Active Duty with the United States Armed Forces. I understand that submission of an application does not guarantee acceptance into the program. I further understand that CVMA® Chapter 41-1 may interview me, my family and contact the references I have provided below. I authorize CVMA® Chapter 41-1 to contact these individuals and grant permission for them to speak with CVMA® Chapter 41-1 concerning me and my application, my background and I hereby authorize any person, educational institution, or company I have listed as a reference on my application to disclose in good faith any information they may have regarding my qualifications and fitness for participation. I will hold any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to this application.

Other than the requirement to be an honorably discharged Veteran or currently Serving, this program will not discriminate against any applicant with regard to race, ethnicity, religion, gender, sexual orientation, age, disability or national origin. However, any disability must be able to be accommodated for with currently available resources and skills.

I understand that to be considered, I must provide a copy of my DD-214/Service Transcript and Nevada Driver's Record. I certify that I either have or will obtain a motorcycle endorsement on my state Driving License before I take possession of a motorcycle from CVMA® 41-1.

Name

Street Address

City, ZIP

Preferred Contact #

Mobile or Land Line?

E-Mail

Operator License: *State, Class and Endorsements*

At your interview, you must provide your Driver's Record dated within the past 30 days.

Current Employer Name

Supervisor Name

| Supervisor Contact#

Month/Year started

| Job Title

Branch of Service

| Grade/Rank

| MOS:

Discharge Date

| Discharge Type

| Length of Service

Combat – Theater, Unit and Dates

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Marital/Family Status

Veteran Group Affiliation(s)

Why do you feel that a motorcycle will make your life better?

What is your preferred riding style? Sport Touring Adventure V-Twin/Cruiser
With what size bike are you familiar/comfortable? 600-900cc 900-1200cc Over 1200cc
Would you require modifications to the bike to be able to ride? Yes No. If Yes, please describe: All Hand Controls Trike Wheel Chair Platform Automatic
Other:

Please tell us about your motorcycle experience - number of years, notable events...

Reference 1:

Reference 2:

How did you hear about this program?

Please include any additional comments to help us get to know you better.

Signature

Date