

MREP RiderCoach Candidate Application

(You must be over 18 years o	f age at the time of a I	RiderCoac	h Preparation Workshop ((RCP).
Address				
City	State	e	_ Zip	
Home Phone	Work Phone _			
Cell Phone	Email			
2. Employer		-		
Rank or Title	Ye	ars with E	mployer	
• OK to contact employer for	reference? Yes	No		
3. High School or Tech School	ol and Graduation Dat	e		
4. Undergraduate College/Un	iversity, Degree, and	Graduatio	n Date	_
5. Graduate and/or Doctorate	-level College/Univers	sity, Degro	ee, and Graduation Date	_
6. Specialized Training or Te- indicate what you taught, where, an	d when.)	-		— eived and dates;
7. Driver License #			State	_
(Please attach photocopy of li	cense) RiderCoach Car	adidates that	live out of state must provide l	MDED with a

(Please attach photocopy of license.) RiderCoach Candidates that live out of state must provide MREP with a certified copy of their driving record as part of their RiderCoach candidate Application..

What year did you obtain a motorcycle license or endorsement?
(You must have held a motorcycle endorsement/license for at least <i>two</i> years prior to an RCP.)
• Ever had a motor vehicle license revoked or suspended? Yes No
• If yes, where and when?
(You must not have had a license suspension or revocation or received more than two moving violations in the last two years, or been convicted of a DUI offense in the last 5 years.)
8. What is your current motorcycle registration (plate) number?
(You must have owned a motorcycle for at least two of the past three years prior to the RCP.)
 9. Do you belong to any motorcycle clubs or organizations?
 11. Which she is your sponsor?
Date Site
On a separate sheet of paper please complete questions 13 –15. Please remember that the minimum requirements are to Shadow the full Classroom and Range two (2) times and working as a Range Aid three (3) times

- 13. Please list <u>all</u> of the dates, locations and the name(s) of the RiderCoach(s) that you shadowed with in the classroom?
- 14. Please list <u>all</u> of the dates, locations and the name(s) of the RiderCoach(s) that you shadowed on the Range?
- 15. Please list <u>all</u> of the dates and locations that you Range Aided?
- Have you completed a MSF-approved Experienced Rider Course? Yes No

(Please attach a copy(s) of your MSF course completion card(s) if applicable.

14. If we accept you as a RiderCoach Candidate for an RCP sponsored by the MREP, briefly explain below how any of the following limitations might impact you.

Personal or work schedule limitations

Travel limitations

Other limitations _____

By signing below, I indicate my acceptance of the following:

1. I certify that the above information is complete and true to the best of my knowledge.

I am aware of and accept all requirements for an RCP sponsored by the MREP.

I understand that the RiderCoach Trainers may dismiss a RiderCoach Candidate unable to keep pace with the course or who pose a hazard to themselves or others from an RCP.

2. This application does not guarantee me a place in this or any RCP sponsored by the MREP. Even if I successfully complete an RCP, I do not have any guarantee of employment with the MREP or any private contractor associated with the MREP.

3. That my final acceptance into an RCP is contingent upon a satisfactory interview with the MREP's program manager and/or a MREP representative;

4. The MREP has my authorization to verify my current employment status, my current and future Massachusetts's driver's record, and to check for any outstanding warrants with any Federal or State law enforcement agencies.

Signature _____ Date _____