

Holiday Hands Getting There Transportation Application

Important: a) A separate application needed for each bike requested.
b) Maximum (2) bike requests per family

- Potential candidates must complete this application to be considered for a bicycle.
- **Adults will not receive any other gifts from Holiday Hands program if selected to receive a bike. Children MAY receive some additional items for the holidays.**
- Bikes are limited and filling out this application does not guarantee you will receive one.
- **A volunteer will call you in November to let you know if you are selected. You have 5 days from notification (by phone and/or voicemail) to pick up the bike or you will be removed from the list. A voicemail is considered notification. If phone number is disconnected/does not work or voicemail is full, you will be removed from the bike list.**
- If you have received a bike from UWHC in the past, you are not eligible to apply for 3 years.
- Incomplete applications will NOT be considered.

Head of Household (Name on Holiday Hands application)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Can you (as head of household) pick up or find a way to transport the bike(s) if recipient listed below is selected? YES NO

How will recipient below use the bike? (Work transportation, recreational, etc...)

Bike Recipient Information:

Bike Size Guide: ages 7-9 = 20" bike; ages 10-13 = 24" bike, ages 14-adult = 26" bike):

Only 2 requests per household, fill out separate application for each bike

First Name	Last Name	Birthdate (MM/DD/YYYY)	Male/ Female	How tall are you?		Size Bike (Circle size)		
				ft.	in.	20	24	26

PLEASE RETURN COMPLETED APPLICATION TO:

**United Way of Hunterdon County
PO Box 2290, Flemington, NJ 08825
Phone: 908-237-1689 Fax: 908-237-1466
Attn: Amy Andersen**

ID #: OFFICE USE ONLY

Need Spanish Caller? (Check if need): _____

OFFICE USE ONLY

Bike Audit Sheet:

HH Client ID: _____ # of Bikes for this Household: _____

Head of Household Name: (aka. Bike Recipient Guardian)

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Bike Recipient Name:

Check here if the Bike is for Head of Household:

First Name: _____ Last Name: _____

Bike Size (Circle): 20" 24" 26" Gender: _____

Preferred Language: _____

Call Attempt 1: Volunteer Caller Name: _____ Date: _____

Notes: _____

Call Attempt 2: Volunteer Caller Name: _____ Date: _____

Notes: _____

Call Attempt 3: Volunteer Caller Name: _____ Date: _____

Notes: _____

Date Client will pick up (based on call): _____

If someone other than the client is coming to pick up the client's gifts please write down person's name and relationship to client: _____

Pick-up Signature: _____ **Date Bike Picked Up:** _____