

Augusta Urban Ministries

Located at 1405 15th Street, Augusta GA 30901
PO Box 14634
Augusta, Georgia 30919
Office (706) 755-7244 Fax (706) 832-9085

BIKE APPLICATION, Please send application to aumreferrals@gmail.com

We consider applicants for all programs without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status.

Please answer all the questions by printing legibly or typing the information requested in each section. Highlighted areas must be completed so that this application can be processed.

For Office Use Only:
Date Issued: _____
Bike Description: _____
Bike Color: _____
ID# _____

Date of application _____ / _____ / _____

Referral Source _____

(State "walk in" if self referred)

***Sender's email** _____

***Sender's Name** _____ ***Phone Number** _____

Name _____ **race** _____ **Last four SSN** _____
First name Last Name

Address _____ **City** _____ **State** _____ **Zip** _____
Street

Telephone #: (_____) _____ **Mobile/Alt #:** (_____) _____

E-mail Address: _____ **Date of Birth** _____ **Age** _____

Disability _____ Homeless

MILITARY SERVICE

Branch of Service: _____ **Dates of Service: From:** _____ **To:** _____

Principal duties: _____ **Rank at Discharge:** _____

Special Training and Achievements: _____

Are you currently employed? Yes No

Source of current income: Wkly Gross Pay _____ SSI _____ TANF _____ SNAP _____ Other _____

EMPLOYMENT: Please include current/most recent employment information.

Employer: _____

Dates of Employment: From _____ **To** _____

Address: _____

Job Title/Duties: _____

Need for bike: Get to Work to find employment Medical Appointments Other: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application to meet eligibility requirements. Falsification of any information on this application will nullify this application and can be a reason for denial of service or equipment distribution.

Signature of Applicant

Date

Signature of Staff

Release and Waiver

I, (First Name) _____ (Last Name) _____
agree to the following:

- I am aware that the bike I'm receiving today from AUM is refurbished.
- I am responsible for my own lock and chain and securing my bike.
- I am responsible for wearing a helmet.
- I am responsible for the upkeep of my bike.
- I am responsible for obeying all traffic laws, and I have an ID.
- My bike will not be sold or traded.
- Augusta Urban Ministries is not responsible for replacing or repairing my bike.
- AUM may be able to teach me how to maintain and/or repair my bike if I ask.

AS-IS NO WARRANTIES: AUM distributes gently used furniture, household items, and bikes free to the community. Any property received by the agency (Caseworker) or the client from Augusta Urban Ministries Furniture Bank, or any of its programs is "AS IS" and with "ALL FAULTS." "NO WARRANTY OF FITNESS TO A PARTICULAR PURPOSE" is made or implied by Augusta Urban Ministries. The client of itself and for its successors and assigns, further WAIVES ANY AND ALL OTHER WARRANTIES, GUARANTEES, CONDITIONS OR LIABILITIES, EXPRESSED OR IMPLIED, ARISING BY LAW OR CONSEQUENTIAL DAMAGES, ANY AND ALL TORT LIABILITIES ARISING FROM NEGLIGENCE OR STRICT LIABILITY. The entire risk as to the quality and performance of the described property is with the client and its successors and assigns. Should any of the property prove defective following a transfer to the client, the client assumes the entire responsibility and cost of all necessary service, maintenance or repair.

INDEMNIFICATION: Client for itself and its successors and assigns, further AGREES TO INDEMNIFY AND HOLD AUGUSTA URBAN MINISTRIES FURNITURE BANK AND ALL ITS AGENTS FREE AND HARMLESS FROM ANY AND ALL LIABILITY arising out of the use and transportation of any property received.

DELIVERY AND RISK OF LOSS

The Ownership and Risk of Loss of the Property shall pass immediately to the client upon transfer of the Property.

I have read, understand and agree with the above Waiver, Release and Indemnification Statement:

Client's Signature _____ Date _____

Staff's Signature _____ Date _____