



## **Application/Expression of Interest - Class 6/8 Instructor Training Course**

### **Personal Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

### **Requirements**

ICBC requires that Instructor Candidates meet the following basic requirements:

- Must be at least 19 years of age;
- Must be able to pass a Driver's Medical;
- Must be able to pass a Criminal Record Check;
- Must have an acceptable Driver's Abstract. *Note: Abstracts are considered on a case-by-case basis according to the number and type of offences.*
- Must have a valid BCDL;
- Must have held a full Class 6 motorcycle license for a minimum of 3 years. If a Candidate's riding history is from another province/country, the Candidate must be able to show proof of 3 years of licensed riding history from that jurisdiction.

Do you feel that you will have any issues meeting any of the above requirements?  Yes  No

Instructors must be able to load motorcycles on and off of a trailer and lay out and pick up dozens of cones throughout the training day. Are you physically capable of such work?

Yes  No

### **Gear**

Do you wear a full-face helmet every time that you ride?  Yes  No

Do you wear a motorcycle specific jacket every time that you ride?  Yes  No

Do you wear sturdy leather boots every time that you ride?  Yes  No

Do you wear jeans or riding pants every time that you ride?  Yes  No

If you answered "no" to any of the above questions, please explain your personal gear choices:

---

---

---

---

---

### Driving/Riding History

What motorcycle(s) do you currently own? (Year, Make Model)

---

---

---

How many kilometers did you ride in the 2011 riding season? \_\_\_\_\_

How long have you had a Class 6 license? \_\_\_\_\_ Years \_\_\_\_\_ Months

Approximately how many kilometers worth of riding experience do you have? \_\_\_\_\_

Which license classes do you currently hold? \_\_\_\_\_

### Crash History (Any Vehicle Type - Last Five Years Only)

Year of Crash \_\_\_\_\_ Vehicle Operated \_\_\_\_\_

Description of Crash \_\_\_\_\_

---

---

Year of Crash \_\_\_\_\_ Vehicle Operated \_\_\_\_\_

Description of Crash \_\_\_\_\_

---

---

Year of Crash \_\_\_\_\_ Vehicle Operated \_\_\_\_\_

Description of Crash \_\_\_\_\_

---

---

### Education

High School Graduate?  Yes  No

Post Secondary  Yes  No

Name of Institution \_\_\_\_\_

Highest Degree Received \_\_\_\_\_

Other training/certificates/diplomas (Type & Year)

---

---

---

Rider/Driver Education

Course Completed	_____	Date	_____
Course Completed	_____	Date	_____
Course Completed	_____	Date	_____
Course Completed	_____	Date	_____

Have you ever taken training from KDSC? If so, please describe.

---

---

### Employment

Please describe your current employment (if currently employed):

Employer \_\_\_\_\_

Position \_\_\_\_\_

Hours Worked per Week \_\_\_\_\_

Duties \_\_\_\_\_

---

---

### Commitments

Please describe your current work schedule, if applicable: \_\_\_\_\_

---

---

---

---

Do you have other regular commitments that would make you unavailable for work at KDSC?

---

---

---

KDSC's instructional season runs from March to October. How do you see your other commitments fitting in with a work schedule at KDSC?

---

---

---

---

---

## Experience

Have you ever been involved in teaching, coaching or instructing?  Yes  No

If yes, have you taught (check all that apply):  Teenagers  Adults  Seniors

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Intent

If you are successful in completing the Instructor Training Course, are you hoping to be employed by KDSC as a motorcycle instructor?  Yes  No  Unsure

What is your preferred work schedule with KDSC? (check all that apply)

Full Time  Part Time  Weekends  Weekdays  Evenings

KDSC Instructors begin their careers as Motorcycle Skills Instructors (ie: parking lot training). In the future, and with additional training, would you be interested in expanding your Instructor status to include (check all that apply):

Theory Instructor  Traffic Instructor  Advanced Rider Training Instructor

Yes, I would like to be considered as a Class 6/8 Motorcycle Instructor Candidate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please forward this completed Application Form to:  
Tania Meyer, Executive Director, Kelowna & District Safety Council  
Fax: 250-765-3348 Email: tkmeyer@kdsc.bc.ca**