

SBRA RIDE LEADER MENTOR CHECK LIST

NAME OF CANDIDATE: _____

NAME OF MENTOR: _____

1) Candidate has been on a minimum of 5 of your rides.

Please Initial

	Ride Title:	Date of Ride:
1		
2		
3		
4		
5		

2) Candidate has been the SWEEP on at least 3 of those rides.

	Ride Title:	Date of Ride:
1		
2		
3		

3) Candidate has successfully LED 1 of those rides (or 2, if needed).

Date of Ride:		
Start Location:		
Ride Title:		
Ride Distance:		
Ride Pace:	<i>Advertised:</i>	<i>Actual:</i>
Number of riders:		

For ride (listed above), the Candidate's:	Fair	Good	Great
<i>Pre-Talk</i> was			
<i>Knowledge of the Route</i> was			
<i>Control of Group Safety</i> was			
<i>Ability to Maintain the Advertised Pace</i> was			

4) In your opinion, the Candidate has demonstrated he/she can successfully and safely Lead a Ride from Start to Finish.

Please Initial

Mentor: please sign-off and e-mail to Ride Director: rides@sbraweb.org

Signature of Mentor: _____

Date: _____