



hOur Community TimeBank

www.hOurCommunityTimeBank.org

P.O. Box 1805, Wausau, WI 54402

715-254-4282

info@hOurCommunityTimeBank.org

Membership Application

January 2017

Date _____

Name _____ Date of Birth ____/____/____ Sex: M / F

Address _____
Street City State Zip

Phone _____ Cell Phone _____

Email _____

Please circle applying membership \$12 Single Membership / \$24 Family Membership

Please make checks payable to hOur Community TimeBank - Check enclosed in the amount of \$ _____

Are there other TimeBank members in your household? Please list names so we can match as a household.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Personal, Professional or Volunteer Reference

1. Name _____ Relationship to You _____

Address _____ City _____ Zip _____

Phone _____ Cell Phone _____

CRIMINAL INFORMATION RECORDS CHECK ACKNOWLEDGMENT

I, the undersigned, acknowledge that the hOur Community TimeBank will perform a Criminal Information Records Check, which will reveal whether or not I have a conviction/pending charge of a criminal nature against me. I understand that the results of the Criminal Information Records Check may affect my eligibility or level to participate in the hOur Community TimeBank.

*Applicants wishing to provide child care, elder care or transportation to TimeBank members must provide their date of birth, a copy of driver's license, and a copy of car insurance and by law, a background check must be conducted prior to providing child care, elder care, or transportation.

DOB - ____/____/____ **Omissions or misrepresentation of information on your application may disqualify you from participation in the TimeBank. An affirmative answer to the following question will not necessarily disqualify an applicant from participation.**

* Have you ever been convicted of a felony or do you have any pending felony charges? YES / NO

If "yes," please describe _____

Release of Liability & Understanding Membership Agreements

Please initial the statements below as you finish reading them:

_____ The TimeBank brings together those requesting services with those willing and able to provide the service. I understand that the TimeBank is not an agent of any party (Provider or Receiver). The TimeBank provides an opportunity for the parties involved to come together and work out a mutually acceptable transaction. All services I give or receive as a member are on a voluntary basis. I do not expect to receive or give any money for those services, except if there are related material fees agreed upon in advance (e.g. ingredients, woodworking supplies, agreed upon expenses, etc).

_____ I understand that the reference I have provided will be contacted and that the TimeBank will do a background check on all applicants.

_____ I understand that, as a TimeBank, we offer neighborly services to each other. Members provide services to the best of their ability and do not guarantee their work. I understand that the TimeBank cannot guarantee the performance of anyone.

_____ I understand that the TimeBank staff, members, committee or board will not be held responsible and will not assume any liability for claims, damages or any other occurrences which may arise from this agreement, since any agreement shall be made by and between parties involved in the transaction while involved with the program.

_____ I agree that if I use my personal vehicle in rendering volunteer service through the TimeBank, I will, in accordance with Wisconsin law, arrange to keep in effect adequate and legal automobile liability insurance covering bodily injury and property damage.

_____ I have read and understand the policies, procedures and Code of Ethics as stated in the Member Handbook. I agree to abide by its content as well as follow other guidelines required by the TimeBank. I understand that failure to abide by the contents of the TimeBank Handbook and forms would be cause for the suspension or discontinuation of my membership.

_____ I assume all responsibility for my actions in providing and receiving services. I will respect the privacy of all matters relating to TimeBank members.

_____ I have read, understand and agree with the above statements.

_____ I certify that the information given on this form is accurate to the best of my knowledge.

CODE OF ETHICS As a hOur Community TimeBank member, I agree to:

1. Respect the privacy and confidentiality, religious and political beliefs of other TimeBank members and staff.
2. Recognize that my service is voluntary and not accept money, gifts or tips from my exchange partner.
3. Refrain from smoking/bringing pets/or another person into my exchange partner's home, unless prior agreed upon.
4. Respect my exchange partner's home, property and valuables.
5. Ask permission of my exchange partner to use/consume any of their personal property (telephone, tools, etc).
6. Keep my Online account current (request/service offers and contact information).
7. Respond in a timely manner to contact from other TimeBank members or staff.

TimeBank Tasks and Committee Work

The hOur Community TimeBank needs every member's support to make it the best TimeBank. Please check your choices if you would like to help. I'm offering to help the TimeBank to earn TimeDollars for doing one of the following:

- Member Outreach / Communication / Membership Recruitment / Neighborhood Lead / Membership Benefits
- Special Member Events / Community Outreach
- Marketing / Public Relations / Writing an article for the Time Bank News letter.
- Financial / Fundraising / Grants / Donations
- Office help / Website Assistance / Being a Member Buddy to perform computer tasks for an off-line member.

Consent For Publicity

- I hereby give my permission to the hOur Community TimeBank to write about, photograph and/or videotape myself and/or family member(s) for publicity purposes like newsletters, media coverage and special events.
- I do not wish to give my permission for publicity.

By signing below, you are indicating the information you have provided is true to the best of your knowledge and that you understand and agree to all written text in this form.

Signature _____ Date _____

Signature of Parent/Guardian if member is under 18 years of age _____

**** Please return application to:** hOur Community TimeBank, P.O. Box 1805, Wausau, WI 54402 **

FOR OFFICE USE ONLY:	<input type="checkbox"/> Record Check Completed:	<input type="checkbox"/> References Contacted: _____
<input type="checkbox"/> Orientation Attended / Date _____	<input type="checkbox"/> Membership Paid _____	<input type="checkbox"/> Membership Activated / Date _____