



INDIVIDUAL MEMBER APPLICATION

Note: You will be notified by email when your application has been reviewed and your information has been entered into the database. You will be given access to the database at that time, so you can get started giving and getting!

Date _____

First Name _____ Middle Name _____ Last Name _____

Preferred Name _____

Other names you are known by/Maiden Name _____

Date of Birth _____

Address _____ City/State/Zip _____

Your address will be visible in the member database; unless you initial here:

_____ **Do not show my address to other members.**

Phone _____ **Home Work Cell** (circle preferred phone)

E-mail _____

Ethnicity (optional, for grant application purposes) _____

How did you hear about the CD TimeBank? Friend/Poster/Internet/Organization/Other _____

Are you willing to assist a member without internet access to use the database? Yes ____ No ____

Do you need assistance in using the online database? Yes ____ No ____

List 1-3 skills/services you might want to provide to other members:

List 1-3 skills/services you might want to receive from other members:

Are there other CD Timebank members in your household? If so, please share their names so we can match up your records as a household. Additional names may be listed on the back of this page.

_____ Relationship: _____

_____ Relationship: _____

Do you have any special needs, mobility issues, physical, mental or emotional limitations, medical conditions, or allergies that we should know about? Please include information about how this will affect your participation in the TimeBank.

BACKGROUND CHECK

We require a background check for all members. Are you willing to have a background check? YES / NO

Applicant's Signature and Date of Signature

Parent or Guardian Signature (if under 18) and Printed Name with Date of Signature

PERSONAL, PROFESSIONAL OR VOLUNTEER REFERENCES

Please list two references not related to you.

Name _____ Phone _____ Email _____

How do you know this person? _____

Name _____ Phone _____ Email _____

How do you know this person? _____

MEMBER AGREEMENT TERMS & RELEASE OF LIABILITY

Please check off the statements below as you finish reading them:

____ I understand that the references, employers and volunteer organizations I have provided may be contacted and that the CD TimeBank may do a background check on applicants.

____ Members of the TimeBank offer neighborly services or skills to one another as volunteers. The TimeBank is a coordinating agency only; it is not responsible for the services performed by TimeBank members. Prior to receiving a service, it is my responsibility to ascertain the competency of the server to deliver that service to my satisfaction.

____ The TimeBank cannot be held responsible for any injury to persons or damage to property experienced while involved with the program. I agree to hold the TimeBank, as well as its employees and/or agents, harmless from any and all claims or liabilities for any activities performed by a TimeBank volunteer.

____ I agree to take responsibility for any accident or injuries that I might suffer while on property owned or rented by any TimeBank member and waive any claim against that member.

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

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

Signature of Applicant and Date of Signing

Signature of Parent/Guardian (if under 18) and Date of Signing

To be filled out by a TimeBank Steering Committee Member:

Photo ID type and number: _____

Signature of TimeBank Steering Committee Member and Date of Signing

Submit online or you can print a hard copy and hand in at the Orientation or mail to:
CD TimeBank
c/o Senior Services
2208 2nd Avenue, Suite 100
Seattle, WA 98121