

Section 1 Member Information			
Legal Name (Last, First)		Date of Birth <i>(required)</i> (MM/DD/YY)	
Mailing Address (including Apartment #, City, State & Zip Code)			
Phone Number			
Email			
What other language(s) do you speak?			
Emergency Contact Name			
Phone		Email	
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
List your favorite hobbies			
What organizations are you affiliated with (houses of worship, community centers, community organizations, etc.)?			

Section 2 | Service Checklist—Select all that apply

A. I can help my community with

<input type="checkbox"/> Baking	<input type="checkbox"/> Exercise Partner	<input type="checkbox"/> Organizing
<input type="checkbox"/> Cooking	<input type="checkbox"/> Friendly Phone Calls	<input type="checkbox"/> Plant Care
<input type="checkbox"/> Community Resources	<input type="checkbox"/> Light Housekeeping	<input type="checkbox"/> Test Prep
<input type="checkbox"/> Errands	<input type="checkbox"/> Meditation	<input type="checkbox"/> Writing Assistance

B. I can visit people

<input type="checkbox"/> In their Homes	<input type="checkbox"/> In Hospitals	<input type="checkbox"/> In Nursing Homes
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C. I can assist TimeBank by Healthfirst with

<input type="checkbox"/> Class (<i>Leading</i>)	<input type="checkbox"/> English Conversation (<i>Leading</i>)	<input type="checkbox"/> Photography
<input type="checkbox"/> Clerical Work	<input type="checkbox"/> Events	<input type="checkbox"/> Trips (<i>Leading</i>)
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Phone Calls	

D. I can Translate from English to

Specify Languages

E. I can offer lessons in

Art	<input type="checkbox"/> Calligraphy	<input type="checkbox"/> Drawing	<input type="checkbox"/> Painting	<input type="checkbox"/> Singing	<input type="checkbox"/> Other _____
Crafts	<input type="checkbox"/> Decorations	<input type="checkbox"/> Jewelry Making	<input type="checkbox"/> Origami	<input type="checkbox"/> Other _____	
Cell Phone	<input type="checkbox"/> Android	<input type="checkbox"/> iPhone	<input type="checkbox"/> Apps (<i>please list</i>) _____		
Computers	<input type="checkbox"/> Programs	<input type="checkbox"/> Social Media	<input type="checkbox"/> Email	<input type="checkbox"/> Web Browsing	
Needlecrafts	<input type="checkbox"/> Crocheting	<input type="checkbox"/> Embroidery	<input type="checkbox"/> Knitting	<input type="checkbox"/> Other _____	

F. I can perform/provide entertainment

<input type="checkbox"/> Acting	<input type="checkbox"/> Dancing	<input type="checkbox"/> DJ	<input type="checkbox"/> Live Music
<input type="checkbox"/> Singing	<input type="checkbox"/> Poetry	<input type="checkbox"/> Storytelling	<input type="checkbox"/> Other _____

G. Other skills that I would like to bring to my community

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Legal Name

Please remember to sign this agreement on page 2.

TimeBank by Healthfirst Member Agreement and Waiver
PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT.

TimeBank Member Agreement

1. Member desires to participate in TimeBank by Healthfirst's volunteer exchange program, which empowers individuals to meet their own needs and those of their neighbors by sharing their talent and time. Member understands that TimeBank by Healthfirst will define and limit the types of services that may be exchanged.
2. Member agrees to exchange only those services that are permitted and will contact TimeBank by Healthfirst at timebank@healthfirst.org or 844-371-6870 with any questions regarding permitted services.
3. Member freely, voluntarily, and without duress agrees to the following terms:
 - a. Member releases and forever discharges and holds harmless TimeBank by Healthfirst, its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise from Member's participation in TimeBank by Healthfirst.
 - b. Member understands that TimeBank by Healthfirst does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance in the event of injury or illness.
 - c. Member hereby gives his/her consent for photography, filming, videotaping and/or audio recording, or other means of capturing Member's image or voice and/or being quoted in the media or printed materials (including social media websites) of Healthfirst. Member further agrees to waive his/her right to any royalties, proceeds, compensation, or other benefits derived from such photographs or recordings. Member may request cessation of filming or recording at any time and may rescind this Authorization up to and until a reasonable time before the photography or information is used but must do so in writing.
 - d. Member further agrees that he/she as well as his/her successors or assigns hereby hold Healthfirst and its personnel and affiliated entities and programs harmless from any and all liability which may or could arise from activities authorized by this agreement.
 - e. Member expressly agrees that this Release is intended to be as broad and inclusive as permitted by law and in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of this Release which shall continue to be enforceable.

TimeBank Member Agreement (continued)

4. Member authorizes TimeBank by Healthfirst or its designated vendor to perform a background check, which includes identity verification as well as a criminal background check and will use this information for the purpose of considering me for participation in TimeBank by Healthfirst.
5. Member understands that during his/her participation with TimeBank by Healthfirst, he/she may have access to personal information about other members (e.g., names, addresses, and medical information) and private information about TimeBank by Healthfirst (e.g., program information and strategies). Member agrees not to disclose such information to anyone without the appropriate consent.
6. I understand that TimeBank by Healthfirst cannot guarantee the performance of services of any member.
7. I understand that Timebank by Healthfirst may terminate my membership at any time in accordance with its policies.
8. Member has read, understands, and agrees to abide by TimeBank by Healthfirst's Code of Conduct.

By checking this box, you acknowledge that you have read, agree to, and accept all of the terms and conditions contained in this agreement, including that you are at least eighteen (18) years old. Furthermore, you are indicating that all of the information you have supplied on this agreement is true and accurate.

Signature

Date