



Northside Neighbor-to-Neighbor Timebank

A project of Dane County Timebank, Inc.

Member Application

2702 International Lane, Suite 203 Madison, WI 53704
608.661.0060



Date _____

Name _____

Nickname _____

Address _____

Date of Birth ____/____/____

Daytime Phone _____

Other way to reach you _____

Evening Phone _____

Email _____

The following questions address information we need in order to coordinate good matches for exchanges.

Sex: Male Female

Marital Status: Married Widowed Divorced Single

Do you live: Alone With Family With Partner With Roommate

Do you have a driver's license? YES NO

Do you have a car? YES NO

Do you need assistance getting around? (walker, crutches, wheelchair, etc) YES NO

If "yes," please describe:



Are there stairs in your home? YES NO

If "yes," is your home accessible by elevator? YES NO

Do you smoke? YES NO

Do you mind if others smoke? YES NO

What is your physical condition? Excellent Good Fair Poor

Do you have any physical conditions we should be aware of? (examples: allergies, infection, diabetes, seizures, fainting) Please be specific _____

List all languages you speak _____

Ethnicity _____

HOBBIES AND INTERESTS

Please tell us a bit about yourself, your family, leisure time activities and special interests. This is helpful information for us to have when we are coordinating good matches for exchanges. Feel free to use the back of this page if you need more room.

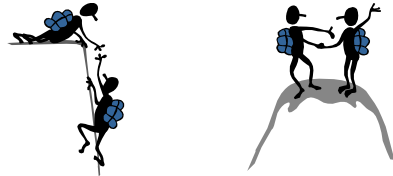
EMPLOYMENT AND VOLUNTEER HISTORY

Current Employer (if applicable) _____

Address _____ Phone _____

Dates of Employment _____

Position/Title _____



Volunteer Position(s)

Organization	Position/Title	Duration of Volunteering (dates)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

PERSONAL, PROFESSIONAL OR VOLUNTEER REFERENCES

1. Name _____ May we call? YES NO

Affiliation, Position or Relationship to You _____

Home Phone _____ Work Phone _____

2. Name _____ May we call? YES NO

Affiliation, Position or Relationship to You _____

Home Phone _____ Work Phone _____

3. Name _____ May we call? YES NO

Affiliation, Position or Relationship to You _____

Home Phone _____ Work Phone _____

Have you ever been convicted of a felony? YES NO

Conviction will not necessarily disqualify an applicant from participation.

If “yes,” please describe _____

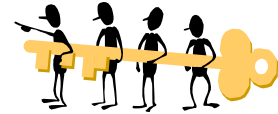
EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Telephone (day) _____ (evening) _____

Doctor’s Name _____ Doctor’s Phone _____

Dane County Timebank carries limited volunteer liability insurance.



RELEASE OF LIABILITY & MEMBERSHIP AGREEMENTS

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

____ I understand that the references I have provided will be contacted and that the Northside Neighbor-to-Neighbor Timebank may do a background check on applicants.

____ I consent to the release of all relevant information concerning my ability and fitness to work as a Northside Timebank member.

____ I understand that, as a Northside 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 Northside Timebank is a coordinating agency only and cannot guarantee the performance of anyone who is referred.

____ I understand that expenses for any materials used will be the responsibility of the recipient, and expenses will be agreed upon before the service is delivered.

____ I understand that the Northside Timebank or the Dane County Timebank cannot be held responsible for any injury to persons or damage to property experienced while involved with the program. The applicant hereby agrees to hold the Northside Timebank or the Dane County Timebank, as well as its employees and/or agents harmless from any and all claims or liabilities for any work performed hereunder.

____ I agree that if I use my personal vehicle in rendering volunteer service through the Northside 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 certify that the information given on this form is accurate to the best of my knowledge.

Signature of Applicant

Date

Signature of Timebank Staff

Date

