



## Membership Application

Each member must fill out an individual application.

Please choose a membership option:

Individual \_\_\_\_\_\$60

Household (2) persons in the same residence \_\_\_\_\_\$90

Legal Name: \_\_\_\_\_ Preferred name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship Status: Single\_\_\_ Married\_\_\_ In a Partnership\_\_\_ Widowed\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_)\_\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Emergency contact name and number: \_\_\_\_\_

Gender: Male\_\_\_ Female\_\_\_ Ethnicity \_\_\_\_\_

Language (s) spoken: \_\_\_\_\_

Do you have a disability? No\_\_\_ Yes\_\_\_

*Information regarding D.O.B., Gender, Income, Ethnicity and Disability are for grant funding purposes only.*

Do you have a current driver's license? No\_\_\_ Yes\_\_\_

DL # \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Current auto insurance? No\_\_\_ Yes\_\_\_

*This information is needed if you want to provide transportation for other members.*

Do you have access to the Internet? No\_\_\_ Yes\_\_\_ Do you utilize the internet?  
No\_\_\_ Yes\_\_\_

Would you like to be assigned an Ambassador to assist you with accessing the internet? No\_\_\_ Yes\_\_\_

Would you be willing to provide assistance to someone without internet access?  
No\_\_\_ Yes\_\_\_

Legal Name \_\_\_\_\_

Is your annual income for a family of one greater than \$22,980. No\_\_\_ Yes\_\_\_

Is your annual income for a family of two greater than \$31,025. No\_\_\_ Yes\_\_\_

We have received a grant to assist persons over 55 years.

Are you age 55 plus? No\_\_\_ Yes\_\_\_ (No, skip to next section)

What are your plans for the future? (Please select ONE)

\_\_\_ Move in with family locally. \_\_\_ Move in with family out of this area.

\_\_\_ Move to a retirement community. \_\_\_ Find someone to share housing with.

\_\_\_ Stay where I am with supportive services.

Other please specify \_\_\_\_\_

How did you hear about us? A Member (Name) \_\_\_\_\_

Friend \_\_\_\_\_ Newspaper \_\_\_\_\_ Web \_\_\_\_\_ Radio \_\_\_\_\_ Event \_\_\_\_\_

Ambassador \_\_\_\_\_ Other \_\_\_\_\_

All Central Village applicants go through a basic level of screening that includes an Arizona Judicial Branch Public Access to Court Information website check and a U.S. Department of Justice's National Sex Offender Public Website (NSOPW) check. An official picture ID will also be required.

Do you consent to a preliminary background check? No\_\_\_ Yes\_\_\_

How long have you live in Arizona? Years \_\_\_\_\_ Months \_\_\_\_\_

Have you been convicted of, or do you have any pending, criminal charges against you? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe the conviction or charges and provide date of conviction:

\_\_\_\_\_  
*Individuals with criminal convictions may be excluded from the Village with potential exceptions for minor offenses.*

I certify the information I have given is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Name \_\_\_\_\_

## Release of Liability

### Please initial all items below:

\_\_\_\_\_ I understand that, as a Village, we offer neighborly exchanges to each other. Members provide exchanges to the best of their ability and do not guarantee their work, and will not market or sell their services implicitly or directly.

\_\_\_\_\_ I understand that Central Village makes no representation or warranty, either express or implied, and disclaims all liability, as to the fitness, quality, delivery date, merchantability, prices or any term of any trade transaction. Central Village 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 Central Village, as well as its employees and/or agents harmless from any and all claims or liabilities for any work performed hereunder.

\_\_\_\_\_ I understand that I have the sole right and responsibility to determine whether and when to accept exchanges and/or goods through Central Village. It is my responsibility for determining if I am comfortable interacting with another member prior to arranging an exchange and to personally meet the other member in a public location or at one of our social event prior to meeting privately.

\_\_\_\_\_ I agree that if I use my personal vehicle rendering volunteer service through Central Village, I will, in accordance with Arizona law, arrange to keep in effect adequate and legal automobile liability insurance covering bodily injury and property damage. I will ensure that Central Village has a current copy of my proof of insurance. I will notify Central Village if I am no longer able, legally, to provide transportation.

\_\_\_\_\_ I agree that pictures of me taken during Central Village functions such as social events may be posted on FaceBook or the Central Village Website. I will not be identified by name in any picture unless I have given my consent to be identified.

\_\_\_\_\_ I agree to pay an annual membership to Central Village. I have included my check with the application, and it is my understanding that the membership fee will be returned to me if my application is not accepted.

\_\_\_\_\_ I understand that any member requesting an exchange for a family member under the age of 18 must have adult supervision during the exchange.

Legal Name \_\_\_\_\_

**As a Central Village member utilizing the Time Bank I agree:**

- To contact my exchange partner in advance if I must cancel or reschedule.
- To pay for parts, ingredients, or materials to complete any exchange requested, and to pay for gas if being provided transportation and that the expenses and hours will be agreed upon before the exchange is delivered.
- To recognize that my exchange is voluntary and refuse money or tips related to the provision of the exchange.
- To not misrepresent my abilities and only provide exchanges that I have the skills and knowledge to provide.
- To respect my exchange partner's privacy and property.
- To refrain from smoking, drinking any alcoholic beverages, or using illegal substances in my exchange partner's home or property.
- To leave my pet at home, unless invited to bring him or her.
- To dial 911 in the event of an emergency.
- To clarify all details of my time transaction before meeting with my exchange partner.
- To record all of my exchanges provided and received in the Time and Talent software or contact the Central Village Office Coordinator if I need assistance.

I have read and understand the principals and guidelines. I will agree to abide by its content as well as follow other guidelines, i.e. Release of Liability, outlined by Central Village. I understand failure to abide by these guidelines would be cause for suspension or discontinuation of membership.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

For official use:

Date Rcvd: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Member ID: \_\_\_\_\_