TimeBank Idaho

Community Partner Application

704 N. 7th Street
Boise, ID 83702
(208) 860-2140
timebankidaho@gmail.com
www.timebankidaho.org

Date _____

Name of Organization or Business _____

Address_____ **Contact Number** _____

Email _____ **Contact Person** _____

Please tell us about your organization. This is helpful information to have when we are evaluating appropriate matches or exchanges. Please add a page (and/or supporting material) if you need more room.

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Please list three services you would most like to provide to our members. You can refer to the Skills & Needs Inventory list or add your own.

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Please name the people in your organization who are authorized to report Timebank exchanges.

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Please sign off on the following statements:

____ Our organization/group understands 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. We understand that the Timebank Idaho is a coordinating agency only and cannot guarantee the performance of anyone who is referred.

____ Our organization/group understands that expenses for any materials used will be the responsibility of the recipient and expenses will be agreed upon before the service is delivered.

____ Our organization/group understands that Timebank Idaho 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 Timebank Idaho, as well as its employees and/or agents harmless from any and all claims or liabilities for any work performed hereunder.

____ Our organization/group agrees that if we use our personal vehicles in rendering volunteer service through the Timebank Idaho, we will, in accordance with Idaho law, arrange to keep in effect adequate and legal automobile liability insurance covering bodily injury and property damage.

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Organization Representative/Title **Date**