TimeBank Idaho

Member Application

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

Date _____

Name_____

Address_____ **Date of Birth** _____/_____/_____

_____ **Day Time Phone** _____

Email _____ **Evening Phone** _____

Ethnicity _____ **Cell Phone** _____

Languages you speak _____

Sex: ☐ **Male** ☐ **Female**

Please select preferred Membership level: ☐ **Individual ($15)** ☐ **Family/Household ($25)**

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

Please be specific. _____

WORKING WITH HUMAN SERVICE AGENCIES: Are you interested in helping agencies or their clients in cases where the agency requires a higher-level background check, often requiring a social security number? ☐ **Yes** ☐ **No**

ONLINE/OFFLINE PARTNERS Are you interested in being an online partner for a member without internet access?

☐ **Yes** ☐ **No**

Do you need an online partner? ☐ **Yes** ☐ **No**

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.

EMPLOYMENT AND VOLUNTEER HISTORY:

Current Employer (if applicable)_____ **Phone** _____

Address_____ **Position/Title**_____

_____ **Dates of Employment** _____

Volunteer Position(s)

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

PERSONAL, PROFESSIONAL OR VOLUNTEER REFERENCES:

1. Name _____ **May we call?** ☐ **YES** ☐ **NO**

Affiliation, Position or Relationship to You _____ **Home Phone** _____

PERSONAL, PROFESSIONAL OR VOLUNTEER REFERENCES: (CONTINUED)

2. Name _____ May we call? ☐ YES ☐ NO

Affiliation, Position or Relationship to You _____ Home Phone _____

Omissions or misrepresentation of information on your application may disqualify you from participation in the Timebank. Affirmative answers to the following questions will not necessarily disqualify an applicant from participation.

Are you currently on probation or parole? ☐ YES ☐ NO

If "yes" please describe the conviction and list the dates of your probation:

_____

Have you ever been convicted of a felony or do you have any pending felony charges? ☐ YES ☐ NO

If "yes," please describe _____

RELEASE OF LIABILITY & MEMBERSHIP AGREEMENTS:

Please initial each statement(s) below showing your understanding and agreement:

____ I understand that the references I have provided will be contacted and that Timebank Idaho may complete a background check on applicants.

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

____ I understand 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. I understand that the Timebank Idaho 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 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.

____ I agree that if I use my personal vehicle in rendering volunteer service through the Timebank Idaho, I will, in accordance with Idaho 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.

_____ _____ **Date**

Signature of Applicant

_____ _____ **Date**

Signature of Timebank Staff