



Organizational Membership Application Form

Date: _____

Name of Organization or Business: _____

Address: _____

Phone #: _____ Email: _____

Note: The organizational representative will have access to the TimeBanks of Puget Sound database, and will ensure that exchanges involving any organizational members use only members that have had a background check, in keeping with the agreement with TimeBanks of Puget Sound. The organizational representative will need to have a background check through TimeBanks of Puget Sound.. The organizational representative should fill out the rest of this form.

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name _____

Date of Birth: _____ Gender _____

Address: _____ City/State/Zip _____

Please tell us about your organization. This is helpful information to have when we are evaluating suggestions for matches or exchanges.

Please list two services your organization would most like to receive from our members.

Please list two services your organization would most like to provide to our members.

How did you hear about TimeBanks of Puget Sound or your local timebank?

Friend Poster Internet Organization TimeBank Staff Other _____

BACKGROUND CHECKS

We require a background check for all members and organizational representatives.

Is your organizational representative willing to have a background check? **YES / NO**

Organizational Representative's Signature PRINTED NAME Date

This information will be stored in a secure database for the exclusive use of TimeBanks of Puget Sound and will be used solely for the purposes of processing your application.

Omissions or misrepresentation of information on your application may disqualify you, and possibly your organization, from participation in the timebank.

Affirmative answers to the following questions will not necessarily disqualify an applicant from participation.

Have you ever been convicted of a crime? ___ YES ___ NO

If "yes," please describe

Have you ever had findings made against you in any civil adjudicative proceeding (e.g., involuntary commitment for mental illness, etc.) ___ YES ___ NO

If "yes," please describe

Have you ever had a court order issued against you? ___ YES ___ NO

If "yes", please describe and provide a copy of the order or the reference number.

PERSONAL, PROFESSIONAL OR VOLUNTEER REFERENCES

Please list two references not related to you.

Name _____ Phone _____ Email _____

Affiliation, Position or Relationship to You _____

Name _____ Phone _____ Email _____

Affiliation, Position or Relationship to You _____

Yearly Membership Contribution::

<u>Annual Revenue of Organization</u>	<u>Suggested Donation</u>
Above \$1 million	\$300
\$500,001 -- \$1,000,000	\$150
\$250,001 -- \$500,000	\$100
\$100,001 -- \$250,000	\$75
\$50,001 -- \$100,000	\$50
\$10,001 -- \$50,000	\$30
\$10,000 or less	\$5

Please make your check out to: **Timebanks of Puget Sound**

Please bring filled out forms, photo ID, and your initial contribution to your new member orientation (see your local timebank website for upcoming orientations), and please RSVP to the email address below for the orientation you plan to attend.

PLEASE CONTINUE ON THE NEXT PAGE.

RELEASE OF LIABILITY & MEMBERSHIP AGREEMENTS

Please initial the statements below as you finish reading them:

- 1. This organization (you, the applicant) understands that the references and organizations provided by the organizational representative may be contacted and that the Timebanks of Puget Sound may do a background check on the organizational representative. _____
- 2. This organization consents to the release of all relevant information concerning the organizational representative’s ability and fitness to participate as a timebank member and as a facilitator engaging my organization in timebank activities. _____
- 3. This organization 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. I understand that my neighborhood/community timebank and Timebanks of Puget Sound are coordinating agencies only and cannot guarantee the performance of anyone who is referred, and is not responsible for the services performed. _____
- 4. This organization 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. _____
- 5. This organization agrees to only arrange for and exchange lawful services through the timebank. _____
- 6. This organization understands that Timebanks of Puget Sound cannot be held responsible for any injury to persons or damage to property experienced while involved with timebank activities. This organization assumes the responsibility for, or to get waivers for, any and all claims or liabilities by organizational volunteers for any activities performed by them or a timebank volunteer and hereby agrees to hold Timebanks of Puget Sound, as well as its employees and/or agents, harmless. _____
- 7. This organization and any organizational volunteers agree to take responsibility for any accident or injuries that they might suffer while on property owned, rented or controlled by any other timebank member and waive any claim against that member. _____
- 8. This organization assumes complete responsibility for the supervision and safety of organizational members volunteering for timebank activities, including children, and takes responsibility for any damage or accident in which the organizational volunteers may be involved. _____
- 9. This organization understands that there will be immediate termination of membership of any member, or their volunteers, who harasses, harms, or interferes with any other timebank member or the Timebanks of Puget Sound organization. _____
- 10. This organization agrees to refer any complaints or concerns to Timebanks of Puget Sound and to refer any disagreements with another timebank member to my neighborhood/community timebank. _____
- 11. This organization agrees that if it or members of the organization use a personal or organization vehicle in rendering volunteer service through the timebank, we will ensure, in accordance with Washington law, that current automobile liability insurance covering bodily injury and property damage is in effect. _____
- 12. I, as the organizational representative, pledge not to reveal the password to or contents of Timebanks of Puget Sound member database, and I will use judicious efforts to protect the password. _____
- 13. I, as the organizational representative, have read the member policies and agree to the terms. _____

PLEASE CONTINUE ON THE NEXT PAGE.

14. I agree to be held to the standards expressed in the Timebanks of Puget Sound Code of Conduct.

Code of Conduct

- Prior to receiving a service, I will first ascertain the competency of the server to deliver that service to the extent that meets my level of comfort
- I will clarify all details of my transaction before meeting with my partner, including agreeing on expenses, which are the responsibility of the recipient. Expenses might include reimbursement for gas, materials required to provide the service, etc.
- I will respect my exchange partner's privacy and confidentiality.
- I will recognize that my timebank service is voluntary.
- I will respect my exchange partner's home, property and valuables.
- I will refrain from smoking in or bringing pets to my exchange partner's home, unless invited to do so.
- I will post and maintain at least one offer and one request on the timebank website with my availability, or be working with a timebank representative to help with identifying my skills and needs.
- Communication is key to a successful timebank, and it is my responsibility to answer all timebank phone calls and emails directed to me promptly.
- I will seek out, via the timebank website, offers from other members that appeal to me. _____

I certify that the information given on this form is accurate to the best of my knowledge.

Signature of Organizational Representative **Date**

Signature of Organization Head **PRINTED NAME** **Date**

The following sections are to be filled out by designated timebank staff:

Photo ID type and number: _____

Meets age requirement of 18 years old or older: _____ **YES** _____ **NO**

Signature of Timebanks of Puget Sound Staff **Date** **Method of Payment Check/ Cr Card/ Cash**