



Northampton Neighbors (NN) is for people who choose to remain in the homes and neighborhoods they love as they grow older, with a little neighborly help in Northampton, Florence and Leeds. We welcome all ages to our programs and people 55+ can receive services, too.

**A Welcome Visit is necessary before you can receive assistance from the Northampton Neighbor's volunteer team.** Would you like a Welcome visit now?  Yes  No

**Primary Member**

Name \_\_\_\_\_ DOB (mmddyyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Nickname \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_

Mailing Address, if different from Street Address

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_

Email \_\_\_\_\_

Phone #1 \_\_\_\_\_  mobile  landline

Phone #2 \_\_\_\_\_  mobile  landline

**I prefer contact via**  mail  email or  phone (please check one)

**I want to know more about (check all that apply)**

- Receiving help  Offering help
- Attending events and neighborhood gatherings
- Leading or participating in a class or interest group. Topic(s) \_\_\_\_\_

Do you speak a language other than English at home? If so, what language? \_\_\_\_\_

How well do you speak English  very well  well  not well  not at all?

Interpreter Services  take  offer

**Emergency Contact**

Name \_\_\_\_\_

Phone \_\_\_\_\_  mobile  landline

Relationship \_\_\_\_\_

*NN respects your privacy and your choice to provide this information.*

**I identify my gender as:**

- Female  Male
- Other \_\_\_\_\_

**My age is:**

- 17 years and younger
- 18-64 years old
- 65-84 years old
- 85 years and older

**I identify my ethnicity as:**

- Asian
- Black/African
- Caucasian
- Hispanic/Latinx
- Other \_\_\_\_\_

**I identify as a member of the LGBT community:**

yes  no



**Secondary Member** living at the same address  spouse  partner  child  other \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Email \_\_\_\_\_

Phone #1 \_\_\_\_\_  mobile  landline

Phone #2 \_\_\_\_\_  mobile  landline

I prefer contact via  mail,  email or  phone (please check one)

### Emergency Contact

Name \_\_\_\_\_

Phone \_\_\_\_\_  mobile  landline

Relationship \_\_\_\_\_

*NN respects your privacy and your choice to provide this information.*

#### I identify my gender as:

- Female  Male  
 Other \_\_\_\_\_

#### My age is:

- 17 years and younger  
 18-64 years old  
 65-84 years old  
 85 years and older

#### I identify my ethnicity as:

- Asian  
 Black/African  
 Caucasian  
 Hispanic/Latinx  
 Other \_\_\_\_\_

#### I identify as a member of the LGBT community:

- yes  no

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**Northampton Neighbors (NN)** is a 501(c)(3) organization.

**There is no membership fee for Northampton Neighbors.**

**Therefore, your help is vital and your tax-deductible donation is greatly appreciated.** Please complete and return the Donor form on page 4. Donate at [www.northamptonneighbors.org](http://www.northamptonneighbors.org) or by check any time to Northampton Neighbors PO Box 231 Northampton, MA 01061.

**Please volunteer with Northampton Neighbors.** There is always lots to do! From stuffing envelopes, watering plants, helping to organize paperwork, neighborly visits and driving neighbors around town. You can choose what you like to do and when it works for you to help out.

Would you like a Volunteer Application?  Yes  No

**Please review the Membership Agreement and sign this Application on page 3. Thank you.**

Northampton Neighbors PO Box 231 Northampton, MA 01061 (413) 341-0160

[www.northamptonneighbors.org](http://www.northamptonneighbors.org) [info@northamptonneighbors.org](mailto:info@northamptonneighbors.org)

## Northampton Neighbors Membership Agreement

Benefits: NN assists members who live in NN's service area (Northampton Florence and Leeds, MA) by members and others who provide services on a volunteer base. All members, whether or not they reside in the service area, may volunteer to provide services to NN members; obtain referrals to vetted third-party service providers; and receive our NN newsletter, online calendar of educational and social activities as well as email and NN ListServe communications.

Relationship with Third-Party Providers: Members will contract directly with and be billed for services by any third-party providers. NN will not under any circumstances assume any direct or indirect responsibility or liability in connection with services contracted for by its members with third-party providers recommended by NN.

Fees: Membership in Northampton Neighbors is free. Our goal is to remain self-supporting through donations, grants, and volunteer services. Members are encouraged to support us with sustaining tax- deductible donations, which are our primary source of income.

Privacy/Communications with Third Parties: NN will take all reasonable steps to protect the personal information of its members. NN reserves the right to communicate with members' contacts or other appropriate people, as determined by NN, when health or safety needs require it.

Termination of Agreement: NN or the member signed below may terminate this Agreement at any time if they determine, in their discretion, that it is in the best interest of NN, its volunteers, other members, or the undersigned member.

### UNDERTAKINGS OF MEMBER:

- 1) I accept the terms of this Agreement and am committed to NN's mission as a member-driven non-profit organization to provide access to support services and programs assisting seniors who want to live independent, engaged lives at home.
- 2) I hereby release NN and its representatives from and indemnify them against all responsibility of liability for services rendered to me/us by any third-party providers, NN employees or NN volunteers.
- 3) I agree to hold NN and its representatives harmless from, and reimburse them for, any costs, expenses or damages (including reasonable attorney's fees) arising in connection with any and all claims brought by or through me, including but not limited to claims brought by my insurance carrier.

This agreement is entered into between NN and the applicant for as long as the undersigned is current in all undertakings under this Agreement. I have read the Agreement carefully and I am pleased to become a member of Northampton Neighbors under the terms and conditions described above.

Primary Member

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Household Member

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



**We don't charge a membership fee and your tax-deductible donation helps all our Northampton Neighbors.**

**☛ One Time Donation** Your contribution supports people and programs in your neighborhood. I have included my donation of  \$10  \$25  \$50  \$100 or \$\_\_\_\_\_ Other

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**☛ Ongoing Donation** become a Long-Term Sustainer of Northampton Neighbors I have included my donation of  \$10  \$25  \$50  \$100 or \$\_\_\_\_\_ Other

Please deduct this amount  monthly  or annually (*please circle one*) from my bank account beginning on the 15th day of the month of \_\_\_\_\_ 2018, and ending when I notify you.

My Bank Account Number \_\_\_\_\_

My Bank's Routing Number \_\_\_\_\_

(Please attach a voided blank check or deposit slip to confirm your routing and account number.)

Name exactly as it appears on my bank account: \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**You can make a one time or monthly donation at [northamptonneighbors.org](http://northamptonneighbors.org)**

**☛ Tell me more about**  donating securities  including NN in my estate plans   In-kind services

**We also appreciate your time.**

**Volunteering with Northampton Neighbors is fun and rewarding.**

**Please download an application at [northamptonneighbors.org](http://northamptonneighbors.org) or call (413) 341-0160**

Please complete and return this form with your application to  
Northampton Neighbors PO Box 231, Northampton, MA 01061  
(413) 341-0160 and [info@northamptonneighbors.org](mailto:info@northamptonneighbors.org)