

# ITAV

## 10591

It Takes A Village

# Membership Agreement

It Takes a Village 10591 (ITAV) is a non-profit 501(c)(3) corporation founded by residents of the 10591 zip code. Our mission is to provide support and services that help seniors in our community to remain independent in their homes. ITAV will provide a wide variety of activities and programs, as well as services from volunteers.

I wish to join at the current specially-priced fee of *only \$25 for a 12 month membership.* (The membership fee may be reduced or waived upon request.)

I do not wish to join at this time but would like to make a tax deductible donation.

**Membership Agreement:** Please read the Membership Agreement on the reverse page and complete the form below.

- I understand that before I can receive in-home services a member of the ITAV Welcome Team will visit me to discuss my specific needs.
- In order to meet members' needs, I agree that ITAV board members and volunteers may consult my emergency contacts in case ITAV board members or volunteers determine there to be a health or safety concern.
- I recognize the need for a membership annual renewal, updating of critical information and payment of the annual fee.
- I agree to permit ITAV or its agents to conduct a background check of me.

### ITAV 10591 - Member #1 - PLEASE PRINT

\_\_\_\_\_  
First Name      M.I.      Last Name

\_\_\_\_\_  
Street                                  City

\_\_\_\_\_  
Telephone                              Cell

\_\_\_\_\_  
Email                                  Date of Birth [DD/MM/YY]

\_\_\_\_\_  
Emergency Contact Name #1    Telephone or cell

\_\_\_\_\_  
Street                                  City

\_\_\_\_\_  
Emergency Contact Name #2    Telephone or cell

\_\_\_\_\_  
Street                                  City

I have read and understood the Membership Agreement and I apply to become a member of ITAV under the terms and conditions described.

\_\_\_\_\_  
Signature of Applicant                                  Date

### ITAV 10591 - Member #2 - PLEASE PRINT

\_\_\_\_\_  
First Name      M.I.      Last Name

\_\_\_\_\_  
Street                                  City

\_\_\_\_\_  
Telephone                              Cell

\_\_\_\_\_  
Email                                  Date of Birth [DD/MM/YY]

\_\_\_\_\_  
Emergency Contact Name #1    Telephone or cell

\_\_\_\_\_  
Street                                  City

\_\_\_\_\_  
Emergency Contact Name #2    Telephone or cell

\_\_\_\_\_  
Street                                  City

I have read and understood the Membership Agreement and I apply to become a member of ITAV under the terms and conditions described.

\_\_\_\_\_  
Signature of Applicant                                  Date

**Questions? Concerns?** call: 914.222.5116 or send an email to: [info@itav10591.org](mailto:info@itav10591.org) or visit: [itav10591.org](http://itav10591.org)

## It Takes A Village 10591 Membership Agreement

1. **Services:** ITAV provides services to its Members through neighborhood volunteers. All volunteers submit to a background check. Services may include:
  - Transportation – unlimited number of local rides, to the extent volunteers are available.
  - Helping hands services – assistance with light home maintenance, in-home pet care, household chores (such as watering plants), etc.
  - Technical support – support operating computers, the internet, remote controls, cell phones, etc.
  - Safety net – daily check-in calls, with an alert to one or more of Member’s emergency contacts if the Member cannot be reached after three calls from ITAV.
  - Companionship – friendly visits and social/educational activities.

If while providing any services, an ITAV volunteer notices a change in a Member’s behavior or appearance that the volunteer believes may represent a health or safety concern, the volunteer may contact the ITAV Service Coordinator or ITAV Chairperson. Depending on the circumstances, the ITAV Service Coordinator or ITAV Chairperson may then contact one or both of the Member’s emergency contacts, or may contact the Member directly for further information.
2. **Request for Services:** To request a service, members call or email ITAV at 914.222.5116 or [info@itav10591.org](mailto:info@itav10591.org). ITAV provides services Monday - Friday (excluding holidays), 9:15am - 4:45pm. We request at least 48 hours advance weekday notice. This allows the Service Coordinator time to determine if a Volunteer is available to provide the service. A situation may occur when there is not a Volunteer available at the requested time.
3. **Term / Fees:** The annual fee for Membership in ITAV is currently \$25 per year. Membership runs for a 12-month period commencing from the date on which ITAV officially accepts this executed Agreement and receives appropriate payment. At the sole discretion of ITAV, the annual fee may be reduced or waived upon request.
4. **Termination of Agreement:** ITAV reserves the right, in its sole discretion, to terminate this Agreement, at any time, if ITAV determines that it is in the best interest of ITAV, its volunteers, other Members or the undersigned Member(s). If ITAV terminates this Agreement, it will return a portion of the annual fee paid on a prorated basis from the month of termination. The undersigned Member(s) may terminate this Agreement at any time by providing written notice to ITAV. If the Member(s) terminate(s) this Agreement, no portion of the annual fee shall be refunded.
5. **Privacy:** ITAV will take all reasonable steps to protect the personal information of its Members. However, if concerns regarding a Member’s health or safety arise, ITAV reserves the right to contact the individual(s) listed as emergency contacts or other appropriate people or agencies (including emergency services, if deemed to be necessary), as determined by ITAV in its discretion.
6. **Waiver of Liability:** Member indemnifies and agrees to hold ITAV harmless for any loss, expense or liability arising out of the activities of its employees, board members or volunteers, including without limitation reasonable attorneys’ fees, and including but not limited to any action that Members, Member’s heirs and assigns, or Member’s insurance company might bring for negligence, personal injury or invasion of privacy. As a Member of ITAV, Member understands that ITAV is not a provider of emergency services or health-care services, is not a health-care administrator, and does not employ licensed health professionals or social workers. This Agreement does not create any special relationship giving rise to a duty to aid or protect between the Member and ITAV or any of its board members or volunteers.