



**Membership
Application
and
Agreement**

MEMBER 1 INFORMATION

Name _____

Birthdate _____ Email _____

Home Phone _____ Cell Phone _____

Mailing Address _____

Physical Address _____

What is the best way to contact you: email__ phone__ mail__

MEMBER 2 INFORMATION (if applicable)

Name _____

Birthdate _____ Email _____

Cell Phone _____

What is the best way to contact you: email__ phone__ mail__

For additional household members please provide information on a separate sheet of paper

EMERGENCY CONTACTS-List one LOCAL contact:

1. Name _____ Relationship _____

Email _____ Phone _____

2. Name _____ Relationship _____

Email _____ Phone _____

Do you have pets in your home? __Yes __No

If yes, what kind and how many _____

Since *Coastline Neighbors* is about helping each other, in addition to being a member, I would like to consider volunteering

Member 1 Yes No Maybe Later
Member 2 Yes No Maybe Later

What services do you expect to be using? (check all that apply)

Member 1

- Computer Help
- Other Tech Help
- Transportation
- Friendly Visiting
- Check-in Calls
- Handyman Tasks
- Light Housekeeping
- Minor Yard Care
- Occasional Pet Care
- Other (describe)

Member 2

- Computer Help
- Other Tech Help
- Transportation
- Friendly Visiting
- Check-in Calls
- Handyman Tasks
- Light Housekeeping
- Minor Yard Care
- Occasional Pet Care
- Other (describe)

Payment Options

- Member type: Single Member Household Member Lifetime
- Payment type: Monthly Quarterly Annual Payment Lifetime
- Send Bill by: Mail email Both Mail and email
- Verify your choices and then initial here: _____

Photographs

We take event photos for our newsletters, brochures and website that may randomly include pictures of our members or volunteers. By initialing here, I acknowledge my photo may be used by *Coastline Neighbors* _____.

Agreement Between *Coastline Neighbors* and Member

- I have received a Membership Handbook.
- I understand that other than volunteer services, I am solely responsible for any fees that apply to services or events recommended to me through a *Coastline Neighbors'* referral.
- I understand that the volunteers, organizations or service providers referred to me by *Coastline Neighbors* are not employed or contracted by *Coastline Neighbors* in any way and *Coastline Neighbors* does not compensate them.

- I acknowledge that any contracting or purchasing of services with an organization or service provider referred to me by *Coastline Neighbors* is an arrangement entered directly between them and myself. Further, I agree to take full responsibility for payment to the organization or service provider.
- I agree to indemnify, defend and hold *Coastline Neighbors* harmless from all responsibility and liability against any and all damages, costs, expenses and fees (including without limitation attorney fees and costs) arising out of my failure to pay, in a timely manner, an organization or service provider. I also agree to release *Coastline Neighbors*, its agents, representatives, donors, and volunteers from all responsibility or liability stemming from any claim for damages or loss to person or property arising out of the acts, activities, or omissions of any volunteers. This includes, but is not limited to any action I, my heirs and insurance company might bring for negligence, personal injury or invasion of privacy.
- I acknowledge that *Coastline Neighbors* reserves the right, in its sole discretion, to terminate this Agreement, at any time, if *Coastline Neighbors* determines it is in their best interest, its volunteers, or other members or the undersigned member(s). Non-payment of membership fees in a timely manner may be grounds for termination of this Agreement. Upon termination, appropriate authorities will be notified.
- If *Coastline Neighbors* terminates this Agreement, it will return a portion of the monthly, quarterly or annual fees paid on a prorated basis beginning the month after termination. I understand the reimbursement of prorated fees will not be extended to the initial three-month minimum payment or to a lifetime membership. I also understand that as a member, I may terminate this Agreement at any time by providing written notice to *Coastline Neighbors*. I realize and acknowledge that if I terminate this Agreement, no portion of the monthly, quarterly or annual fee shall be refunded.
- I understand that *Coastline Neighbors* 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 is not meant to create any special relationship, giving rise to a duty to aid or protect between *Coastline Neighbors* and myself.
- I understand *Coastline Neighbors* will take all reasonable steps to protect the personal information of its members. However, when concerns regarding a member's health or safety arise, *Coastline Neighbors* reserves the right, subject to applicable law, to contact the individuals(s) listed as member's emergency contacts or other appropriate people (including, without limitation, public safety and emergency response agencies) as determined by *Coastline Neighbors*.

- In order for *Coastline Neighbors* to monitor its member's needs and levels of satisfaction, I authorize volunteers, organizations and service providers to share non-medical data with *Coastline Neighbors* about the services I use.
- I understand as a member I am not allowed to directly give money or gifts of value as reimbursement for volunteer services. I can instead make a donation directly to *Coastline Neighbors*.
- I understand *Coastline Neighbors* reserves the right to limit the number of services provided to members by volunteers each month. In addition, I realize not all requests may be filled due to volunteer availability, reasonable accommodations. I understand none of these situations will entitle me to a reduction in my membership fees.
- I understand *Coastline Neighbors* reserves the right to add or omit services when necessary and may adjust membership fees annually.
- I understand it is my obligation as a member to treat *Coastline Neighbors'* volunteers and other members with the same courtesy I would want extended to me.
- I have filled out the application to the best of my knowledge. All information provided above is current and accurate. I will update *Coastline Neighbors* immediately if any of the information changes.
- I have read, understand and agree to the information outlined in the *Coastline Neighbors Handbook and Agreement*. I acknowledge I have been able to ask questions and have received satisfactory answers about *Coastline Neighbors*.
- I understand I need to complete a confidential, online background check through Verified Volunteer as part of the process to become a member.
- I understand that payment is not due until I am accepted as a member.
- By my signature below, I freely agree to become a member under the terms and conditions listed above.

Signature, Member 1 _____ Date _____

Signature, Member 2 _____ Date _____

Coastline Neighbors
 PO Box 4322
 Brookings, OR 97415
541-207-1366

PLEASE DO NOT SEND PAYMENT AT THIS TIME

FOR OFFICE USE ONLY (date completed and initialed)

Date Received _____

Reviewed By _____

Home Interview _____

Background Check _____

Initial Fees Received _____

System Input _____

Notes: