



## MEMBER/VOLUNTEER APPLICATION AND AGREEMENT

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency Contact Phone:** \_\_\_\_\_

**I am interested in joining a peer-to-peer network of seniors who wish to help each other “age in place”**

I understand that as a member/volunteer of Eden Area Village I am entitled to all the benefits of membership, including access to member-only areas of the website, social events, and volunteer services.

**I would like to assist with:**

- Community Outreach and fund-raising.
- Home visits/simple repairs.
- Check-in calls/answering phone inquiries.
- Providing rides.
- Other: \_\_\_\_\_

**I could use some help with:**

- Light home maintenance tasks, errands, organizing.
- Someone to call and check on me regularly.
- Rides to doctors and shopping with an arm to lean on.
- Other: \_\_\_\_\_

**As a member/volunteer I will:**

- Respect the privacy and confidentiality of other member/volunteers.
- Perform only services which I am assigned.
- Not offer or accept professional advice, gifts, loans or further services to or from other member/volunteers in exchange for volunteer services.
- Refrain from trying to impose my own views on other member/volunteers.

**Currently there is no annual fee, but donations are greatly appreciated!** All memberships are for a period of one year beginning on the first day of the following month in which the Membership Agreement is accepted by the Village. Membership fees are subject to change on any anniversary date, following an annual review process approved by the Advisory Committee. Eden Area Village is a fiscally sponsored project of a not for profit organization that is tax exempt under 501 (c) (3) of the federal income tax law.

**I understand that membership in Eden Village is not a replacement for long-term care insurance and that Eden Area Village does not provide medical services or in-home supportive services,** and I agree to release and discharge Eden Area Village from all responsibility or liability for services rendered by any third-party providers, and hold Eden Area Village harmless from and against any cost, expenses, or damages (including without limitation, reasonable attorney’s fees) arising in connection with any and all claims brought by or through myself, including but not limited to claims brought by my insurance carrier.

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

Please return this form to:

**Eden Area Village**  
P. O. Box 474  
Hayward, CA 94543

January 23, 2018