



**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 information about:**  
 Committee work/outreach/fund-raising.  
 Call Buddies.  
 Providing rides through VIP Rides.  
\_\_\_\_\_ (other)

**As a member/volunteer I will:**  
Respect the privacy and confidentiality of other member/volunteers.  
Not offer or accept professional advice, gifts, loans or further services to or from other member/volunteers in exchange for volunteer assistance.  
Refrain from trying to impose my own views on other member/volunteers.

**Currently there is no annual fee, but donations are greatly appreciated.** My information will be entered into the Member Directory, pictures taken of me at events may be used on the website and in promotional materials, and I will receive periodic email updates.

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