



The Village In Howard

Aging in Howard just got easier....



PO Box 1276, Columbia, MD 21044 – (443)-367-9043

Dear Prospective Village Member:

Welcome to The Village in Howard (TVIH)! Our virtual community is a network of friends over 55 years of age dedicated to enriching each other's "bonus years." Our activities include weekly walks, coffees and lunches, as well as topical discussions, bridge and travel groups, day trips, and even overnight excursions. Members and non-member volunteers provide services such as rides, garden help, clutter reduction, and minor household fixes. Also, we maintain online forums where we share recommendations for contractors, share member news and timely TVIH updates.

Increasing our activities and involvement as we age is essential to our health and well-being, so we'd like everyone to participate in and help present engaging activities. We hope all our members will view our Village as an opportunity to be engaged and not just as a subscription to a service.

To apply for Village membership, simply click **"To Join"** at our Website, www.thevillageinhoward.org or mail us a printed application. The \$165 fee for Associate Membership includes participation in all TVIH activities; the \$385 fee for Full Membership allows services to be requested as needed. Add a second household member at Associate or Full level for just \$110 more per year. Membership runs a full year from the date you join. Please contact www.manager@thevillageinhoward.org or call the office at (443) 367-9043 to learn about our need-based fee-support program.

Once you are a member, we'll help you connect with all our activities through our Website, the online calendar, and email Newsletter. Or, if you're still catching up with today's technologies, we'll keep you informed by mail and phone.

Welcome to The Village in Howard. We look forward to meeting you!

The TVIH Membership Committee

THE VILLAGE IN HOWARD
PO Box 1276, Columbia, MD 21044 - (443) 367-9043
MEMBERSHIP APPLICATION

Complete one entire set of documents for each household member joining TVIH

Your Name (first last) _____

Date of Birth _____ Nickname _____

Note: Primary member must be a Howard County Resident 55+ years of age, and the second member must be a Howard County Resident.

Member Type (Billing notices go to "primary" member of couple)

| | | |
|---|--|---|
| <input type="checkbox"/> Associate | <input type="checkbox"/> Individual/Primary \$165 | <input type="checkbox"/> Secondary \$110 |
| <input type="checkbox"/> Full* | <input type="checkbox"/> Individual/Primary \$385 | <input type="checkbox"/> Secondary \$110 |

***The Membership Committee will interview each candidate for Full Membership to establish level of possible service needs.**

Address _____ Apt/Unit _____

City _____, MD Zip _____

Primary Phone _____ 2nd Phone _____

Email (or enter "none") _____ @ _____

Other Member in Household _____

Member Name or N/A

Please contact me by: Primary Phone Cell Email Mail

Near By Emergency

Contact (1) _____ Relationship _____

Phone _____ Email _____ @ _____

Emergency

Contact(2) _____ Relationship _____

Phone _____ Email _____ @ _____

Special Needs:(e.g. uses cane, walker,etc.) _____

Membership Fees may be paid on-line with your online application; or a check may be mailed with an application submitted to the office at above address. **Contact manager@thevillageinhoward.org or call the office at (443) 367-9043 to learn about our need-based, fee-support program.**

Member Name: _____

THE VILLAGE IN HOWARD
PO Box 1276, Columbia, MD 21044 - (443) 367-9043

INTEREST/SERVICE FORM

Please fill out one form for each household member

The Village in Howard (TVIH) is a community dedicated to the enhancement of life for Howard County seniors. We have a wide variety of activities to provide enjoyment and personal growth in a welcoming environment, and we have service opportunities as we increase our involvement in and contributions to the local community. In addition we support each other with the kinds of help that good neighbors can provide.

Please fill in the blanks below to help us improve the way we serve each other.

Interests:

- Social Gatherings** (Lunch/dinner, coffees, potlucks) Other _____
- Health and Fitness** (Walking, pickleball) Other _____
- Hobbies/Skills** (Book club, crafts, bridge) Other _____
- Day/Overnight Trips** (Sightseeing, cycling) Other _____
- Seminars** (Senior wellness, history, travel) Other _____
- Community Service** (Food Bank, cleanup) Other _____
- Special Talent/Event Idea** _____

My Willingness to provide Service:

- Driving (Appointments, shopping, etc.)
- Home Help (Watering, light gardening, de-cluttering, small household repairs)
- Calling (Reassurance, reminders, etc.)
- Errands (Prescription pickup, dry cleaning)
- Technical (TV, computer, etc.)

Possible Service Needs (Full Members Only):

- At Home (Maintenance, Calling, Errands, Technical) Other _____
- Rides (Appointments, shopping, events, etc.) Other _____
- Personal Issues (De-cluttering, organization, etc.) Other _____

Member Benefits

Associate and Full Member Benefits

SOCIAL, CULTURAL and EDUCATIONAL PROGRAMS:

- Enjoy activities focused on your interests e.g., theater, book discussion, wine-tasting, bridge, or world events.
- Join group dining (weekly Lunch Bunch, dining out at ethnic restaurants, picnics, potlucks) in restaurants or in member homes.
- Learn about travel experiences from other members (monthly Travel group meetings) or join a day trip planned by TVIH.
- Attend movies, museums, summer outdoor concerts, etc. as a group.
- Attend presentations on topics of interest, e.g. elections, health, genealogy, CPR, or local issues.
- Participate in group learning sessions on electronic devices and their applications. Receive personal training on the functions of our website.

WELLNESS and PREVENTION: Participate in weekly walks (Sneakers and Coffee), Monday Morning Meanderings, sports or lectures on specific health topic (memory, vision, aging, hands-only CPR).

HOME REPAIR: Receive referrals of contractors, e.g., plumbers, electricians, etc. from other Village members through a referral forum, available to members only.

COMMUNITY SERVICE: Organize to help other TVIH members or to serve the Howard County community in group opportunities. e.g., group garden project, mentor teens, holiday gift fulfillment.

MEMBER FORUMS: Post and receive messages in the member-only web Forums (Contractor Referrals, TVIH Updates, Buy, Sell & Free, Member Sharing) on our website to share information and to connect with other members via the internet.

Full Member Additional Service Benefits

CIRCLE OF CARE: Provides coordinated services to a member following surgery, an accident or other traumatic event without the member managing each need independently. Identified service needs will be managed by a Coordinator and delivered in an expedited manner by a team of TVIH volunteers.

TRANSPORTATION: Short-term (i.e. post-surgery) or ongoing transportation for those unable to drive or use public transportation.

HOME MAINTENANCE: Simple tasks performed by volunteers, i.e., change light bulbs or batteries, hang curtain rods, install shelving.

CONCIERGE SERVICES: Provide assistance to those unable to drive. i.e. mail packages at post office; pick up dry cleaning, prescriptions or groceries; assist electronic set-up or one-on-one computer, website instructions, friendly visits, decluttering/organizing, etc.

PERSONAL BUSINESS: Assist to balance checkbook, pay bills, take notes at doctor's office, etc.

THE VILLAGE IN HOWARD MEMBERSHIP AGREEMENT

1. **Term.** Annual membership fees are paid in full
2. **Membership Fees.** Membership fees are as determined from time to time by The Village in Howard (TVIH). Current membership fees are stated on the front of this application and Agreement. Membership fees do not include charges by third-party providers for activities or services in which Member may participate.
3. **Activities and Services.** TVIH acts on behalf of its members to identify activities and services that may benefit members and the neighborhoods and communities in which members reside. TVIH arranges to offer such activities and services primarily through third parties. **I understand TVIH is a VOLUNTEER non-profit, whose Board of Directors, transportation, circle of care, friendly visitors, handyman, & office volunteers (i.e. Service Volunteers) are vetted.**
4. **Liability and Assumption of Risk.** TVIH seeks to provide opportunities that provide benefits to its members. TVIH does not, however, assume any responsibility or liability, either direct or indirect, in connection with, relating to, or arising out of (i) activities or services in which members may participate as a result of membership in TVIH, or (ii) activities or services provided by any third party that is a provider to TVIH members. The undersigned Member hereby assumes all risk for participating in any such activities and/or contracting for or receiving any such services.
5. **Waiver, Release and Indemnification.** I, the undersigned Member, hereby (i) fully release and discharge TVIH, its members, officers, directors, employees, and volunteers (together, the "Released Parties") from any and all claims, demands, causes of action, administrative claims, liability, damages, claims for attorney's fees, costs and disbursements, or demands of any kind whatsoever, that I have or might have against the Released Parties, or any of them, present or future, known or unknown, anticipated or unanticipated, resulting from, arising out of, or in connections with any services or activities of, by or from any third parties, including specifically third parties who may provide or make services or activities available to TVIH members; and (ii) agree to indemnify and hold the Released Parties, and each of them, harmless from and against any and all costs, expenses or damages (including, without limitation, attorneys' fees) resulting from, arising out of, or in connection with any and all claims brought by or through the undersigned Member, including but not limited to subrogation claims by any insurance company of the undersigned Member.

I, the undersigned Member, acknowledge that I have carefully read the foregoing Waiver, Release and Indemnification and understand it has binding legal effect and is a waiver of claims and a release of liability.

6. **Miscellaneous Provisions.** This Agreement supersedes all other promises, representations or understandings of any kind, whether written or oral, with respect to the agreement of membership between the undersigned Member and TVIH. No one has the right or authority to make any changes to the terms of this Agreement on behalf of TVIH, except for its Board of Directors acting in a meeting that has been duly called and held. I, the undersigned Member, understand TVIH may, from time to time, adopt policies that affect the terms and privileges of membership. This Agreement is governed by the laws of the State of Maryland. If a court finds any term of this Agreement to be invalid, unenforceable or void, the parties agree that the court shall modify that term to make it enforceable to the maximum extent possible. If the term cannot be modified, the parties agree the term shall be severed and all other terms of this Agreement shall remain in effect. TVIH will not lose or be deemed to waive its rights under this Agreement if it delays or fails to enforce such rights.
7. **Acceptance of Membership Agreement.** I, the undersigned Member, have read this Agreement carefully and thereby agree to the terms of members as stated above. I am pleased to become a Member of The Village in Howard.

| | | |
|---|-------------------|------|
| PRINT NAME | Member SIGNATURE | DATE |
| OFFICE USE ONLY | | |
| Accepted on behalf of The Village in Howard | SIGNATURE: _____ | |
| DATE: _____ | PRINT NAME: _____ | |

The Village In Howard, Inc. Photo Policy

Public Events

Consent to Use Photographic Images and Voice Registration or attendance at The Village in Howard (TVIH) meetings and activities constitutes an agreement by the registrant or attendee to consent fully to TVIH’s use and distribution (both now and in the future) of the registrant's or attendee's image and voice in photographs, videotapes, electronic reproductions, and audiotapes of such events and activities, without compensation. TVIH will not use the registrant’s or attendee’s name with his/her image or voice unless permission is granted by the registrant or attendee.

I **agree** to have my photo taken at all times and for all purposes _____ (Initial)

I **decline** to have my photo taken at all times and for all purposes _____ (Initial)

Membership Directory

If I provide my photograph to TVIH as part of my membership application, I give TVIH permission to post my photograph as part of my online membership profile. I understand the membership profiles are available to TVIH office volunteers and the TVIH website administrators. The membership profiles are not accessible to the general public. I also give permission to TVIH to use my photograph in any TVIH Membership Directory, the TVIH newsletter or any other print or digital/ electronic media to announce my membership. Any photograph I provide directly to TVIH will not be returned unless I specifically request that it be returned. If at any time I no longer wish my photograph to be part of my membership profile, I may either amend my profile myself or contact the TVIH office for assistance with having it removed. I acknowledge and agree that TVIH cannot delete my photograph from any materials that were published prior to my request to have my photograph removed.

Please Do Not List Me In The Online Membership Directory

I have read the foregoing and completely understand the contents of the photo policy.

| | | |
|------------|------------------|------|
| Print Name | Member Signature | Date |
|------------|------------------|------|

OFFICE USE ONLY

Accepted on behalf of The Village in Howard SIGNATURE: _____

DATE: _____ PRINT NAME: _____

The Village In Howard Emergency Guidelines

For Full Members Only

I understand that services provided by TVIH are offered by volunteers who have been vetted by TVIH. I understand that volunteers performing services are acting as "good neighbors" and not in a professional capacity.

I acknowledge that TVIH volunteers are not employees of The Village In Howard and understand that they will not be paid for any work they perform.

It has been explained to me that if I engage a service volunteer for a task and I do not respond to multiple attempts to contact me or my emergency contact at the appointed time, the volunteer will assume I require help and will contact 911, Emergency Medical Service, to investigate.

I understand that should a volunteer find me injured or confused upon arrival, he/she may contact my emergency contact or EMS to evaluate my condition even if I disagree, in order to protect my well-being.

I consent and agree to assume all responsibility for any and all risks or events of damage or injury that may occur in the course of accepting volunteer assistance and that I am engaging service volunteers at my own risk. I fully release and discharge The Village In Howard, its officers, employees, agents, and successors from any loss, cost, injury, damages or other liability which I may incur in the course of my membership.

Member(s)' Signature(s) (If Couple, both must sign)

| | | |
|------------|------------------|-------|
| _____ | _____ | _____ |
| Print Name | Member Signature | Date |

| | | |
|------------|------------------|-------|
| _____ | _____ | _____ |
| Print Name | Member Signature | Date |

OFFICE USE ONLY

Accepted on behalf of The Village in Howard SIGNATURE: _____

DATE: _____ PRINT NAME: _____

THE VILLAGE IN HOWARD PRIVACY POLICY AGREEMENT FOR NON-COMPUTING MEMBERS

In order for The Village in Howard to provide relevant information and manage its members' needs and levels of satisfaction, I authorize The Village in Howard (TVIH) and its systems vendor, ClubExpress, to store and process my personal information, to send me transactional messages (such as payment confirmation notices), to send me general-purpose emails concerning TVIH business (such as newsletters and event notices), and to only share my personal information with third parties as relates to conducting official business of the organization, such as processing credit card payments.

I understand The Village in Howard has or never will share personal information, name, email, address, telephone numbers, social security numbers, birthdates or medical-related information with other people or organizations for marketing or any other purpose.

I acknowledge The Village in Howard reserves the right to be in touch with members' emergency contacts in case of situations of health or safety concern.

I, the undersigned member of The Village in Howard, have read the above carefully, and agree to the details described above.

| | | |
|------------|------------------|------|
| Print Name | Member Signature | Date |
|------------|------------------|------|

I decline my consent _____ (initial) In doing so, I understand I am not entitled to services.

Return to:
The Village in Howard
PO Box 1276
Columbia, MD 21044