

# West Seattle Timebank

## Individual Membership Application

**You will be notified by email when your application has been reviewed and your information has been entered into the database. You will be given access to the database at that time, so you can get started giving and receiving!**

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname or preferred name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Phone type (circle): Home Work Cell

E-mail \_\_\_\_\_

What languages do you speak at home? \_\_\_\_\_

How did you hear about the Timebank? (circle) Friend Poster Internet Organization Other

If other, please describe: \_\_\_\_\_

**BACKGROUND CHECK:** We require a background check for all members.

Are you willing to have a background check? (circle) Yes No Birth Date: \_\_\_\_\_

### RELEASE OF LIABILITY & MEMBERSHIP AGREEMENTS

*Please read the terms below, and check off the statements as you finish reading them:*

\_\_\_\_\_ I understand that the references, employers and volunteer organizations I have provided may be contacted and that the Timebank may do a background check on applicants.

\_\_\_\_\_ Members of the Timebank offer neighborly services or skills to one another as volunteers. The Timebank is a coordinating agency only; it is not responsible for the services performed by Timebank members. Prior to receiving a service, it is my responsibility to ascertain the competency of the server to deliver that service to my satisfaction.

\_\_\_\_\_ The Timebank cannot be held responsible for any injury to persons or damage to property experienced while involved with the program. I agree to hold the Timebank, as well as its employees and/or agents, harmless from any and all claims or liabilities for any activities performed by a Timebank volunteer.

\_\_\_\_\_ I agree to take responsibility for any accident or injuries that I might suffer while on property owned or rented by any Timebank member and waive any claim against that member.

\_\_\_\_\_ I agree that if I use my personal vehicle in rendering volunteer service through the Timebank, I will first obtain Senior Services Transportation Program approval and, in accordance with Washington law, arrange to keep in effect legal automobile liability insurance covering bodily injury and property damage.

\_\_\_\_\_ I agree that I will accept no monetary payment for services, or no monetary reimbursement for driving with the Senior Services Transportation Program as a Timebank driver.

\_\_\_\_\_ I certify that the information given on this form is accurate to the best of my knowledge.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Timebank Board Member

\_\_\_\_\_  
Date

**Please bring your completed application to the orientation or mail it to:**

West Seattle Timebank  
c/o Tamsen Spengler, President  
6338 38th Ave. SW  
Seattle, WA 98126