



FIRST IN FAMILIES OF NORTH CAROLINA TIME BANK
an affiliate of TimeBanks USA

MEMBERSHIP FORM

Raleigh office:

3803 Computer Drive
Building B; Suite 205
Raleigh, NC 27609
919-571-8092 ext. 418
919-571-8094 (fax)

Durham office:

524 S. Duke Street
Durham, NC 27701
919-251-8368
919-251-8371 (fax)

Today's
Date: _____

Name: _____

Address: _____

Email: _____

Date of

Birth: ____ / ____ / ____

Gender: Male Female

Cell Phone: _____

Daytime

Phone: _____

Evening

Phone: _____

Do you have any physical conditions we should be aware of?

(Examples: allergies, infection, diabetes, seizures, fainting)?

Please be specific.

INCURRING COSTS FOR CRIMINAL BACKGROUND CHECKS

For those wishing to provide child care or elder care, criminal background checks will be required. Are you willing to incur those costs?

___ YES ___ NO

ONLINE / OFFLINE PARTNERS

Are you interested in being an online partner for a member without internet access?

YES NO

Do you need an online partner?

YES NO

HOBBIES AND INTERESTS

Please tell us a bit about yourself, your family, leisure time activities and special interests. This is helpful information for us to have when we are coordinating good matches for exchanges.

EMPLOYMENT AND VOLUNTEER HISTORY

Current Employer:
(if applicable)

Phone: _____

Address: _____ Position/Title: _____

Dates of

Employment: _____

Volunteer Position/Title	Organization	Duration of Volunteering (dates)

PERSONAL, PROFESSIONAL OR VOLUNTEER REFERENCES

Name	Affiliation, Position or Relationship to You	Home Phone	Work Phone

- ***Omissions or misrepresentation of information on your application may disqualify you from participation in the Time Bank.***
- ***The answer yes to the following questions will not necessarily disqualify an applicant from participation.***

Are you currently
on parole? ___ YES ___ NO

If "yes," please describe the conviction and list the dates of your probation:

Have you ever been convicted of a felony or do
you have any pending felony charges? ___ YES ___ NO

If "yes," please
describe: _____

Signature: _____

Date: _____

FIRST IN FAMILIES OF NORTH CAROLINA TIME BANK MEMBERSHIP DUES:

Membership Type	Annual Dues
Individual*	\$20.00
Family	\$30.00
Organization**	\$50.00
Individual Affiliate*	\$15 first year; \$20 subsequent years
Organizational Affiliate	\$40.00

Payment of dues is expected at the time application is submitted unless other arrangements have been made with the Time Bank Coordinator

Membership Type	Payment:	
Individual _____	Check _____	
Individual Affiliate** _____	Cash _____	
Family _____	Scholarship* _____	
Organization _____	IOU	Date to be paid: _____
Organizational Affiliate** _____		

*Scholarships are available for **Durham** residents with developmental disabilities.

**Affiliate memberships are available to employees and/or volunteers of a member organization.

VOLUNTEER FOR THE FIFNC TIME BANK

I'm offering to help where most needed, especially in the following areas:

- Member outreach
- Community Outreach
- Membership
- Special Member Events
- Fundraising
- Marketing/PR
- Financial
- Membership Benefits
- New Member Orientations
- Office
- Website
- Handing out flyers
- Advisory Group
- _____
- _____

In addition, I can help as a core team member in one of the following roles:

- **Time Bank Ambassador:** Member Recruitment
- **Membership Coordinator:** Member Orientation, 'Keeping in Touch'
- **Events Coordinator:** Focuses on all group activities of the Time Bank

SIGNATURE OF APPLICANT ***DATE***

SIGNATURE OF TIME BANK STAFF ***DATE***

First In Families Time Bank

Member Acknowledgment and Agreement-Release of Liability

By signing below, you are indicating that you understand and agree to the following:

- You use the services of (First In Families Time Bank) FIFTB members at your sole risk;
- The services you receive through the FIFTB are not reviewed, assessed, evaluated, recommended, or guaranteed by FIFTB or First In Families of North Carolina;
- The services you receive come with no warranty, express or implied, and FIFTB and First In Families of North Carolina make no warranty that the services will match or meet your needs;
- You have the sole right and responsibility to determine whether and when to accept services and/or goods offered through the FIFTB;
- FIFTB members expressly agree to hold FIFTB, First In Families of North Carolina, its employees and Board members, harmless for damages or injuries that may result from the provision or receipt of services through the FIFTB;

- No contractual relationship, either express or implied, exists now, or will be formed, between the FIFTB and me, or First In Families of North Carolina and me, by virtue of my membership and participation in FIFTB.
- First In Families of North Carolina reserves the right to terminate memberships for inappropriate use of the FIFTB.

Member's Signature

Date

Signature of Parent or Guardian if member is under 18 years old

Date

Signature of Orientation Leader

Date

First In Families Time Bank
Review and Acknowledgment of Responsibilities of Membership

As a member of the First In Families Time Bank, I:

1. Understand that the references I have provided may be contacted by FIFTB staff or volunteers.
2. Consent to the release of all relevant information concerning my ability and fitness to work as a FIFTB member.
3. Agree to record all of my services provided and received in the Community Weaver software or contact the Time Bank's Coordinator if I need assistance.
4. Understand that as a Time Bank member we offer neighborly services to each other. Members provide services to the best of their ability and do not guarantee their work. I understand that the FIFTB is a coordinating entity only and cannot guarantee the performance of anyone who is referred.
5. Understand that expenses for any materials used will be the responsibility of the recipient and expenses will be agreed upon before the service is performed.
6. Agree that if I use my personal vehicle in rendering volunteer service through the FIFTB I will, in accordance with North Carolina law, arrange to keep in effect adequate and legal automobile liability insurance covering bodily injury and property damage.
7. Respect the privacy and confidentiality of other Time Bank Members

8. Only provide services that I have the skills, interest and knowledge to provide.
9. Have an awareness of and utilize the safety rules and procedures pertaining to any of the services I may provide.
10. Recognize that all my service is voluntary and refuse money or tips related to the provision of a service.
11. Notify the First In Families Time Bank if I have any concerns about the exchange.
12. Recognize that as First In Families Time Bank members, we offer neighborly services to each other. Members provide services to the best of their ability and do not guarantee their work.
13. Have attended a FIFTB member orientation session.
14. Received a copy of the First In Families Member Handbook.

Members Signature *Date*

*Signature of Parent/Guardian if member
is under 18 years of age* *Date*

Signature of Time Bank Coordinator *Date*