

WAYNE COUNTY TIME BANK MEMBERSHIP APPLICATION

info@waynecountytimebank.org / www.WayneCountyTimeBank.org

Name _____ Nickname _____

Address _____ Date of Birth ____ / ____ / ____

Home Phone _____

E-Mail _____

Other way to reach you _____

Names of Other People in your Household:

_____ relationship _____

_____ relationship _____

_____ relationship _____

_____ relationship _____

Do you have a driver's license? Yes No Do you have a car? Yes No

Do you need assistance getting around? (walker, crutches, wheelchair, etc.) Yes No

Do you smoke? Yes No Tolerate smoking? Yes No

Do you have any allergies? Yes No If yes, please list: _____

List all languages you speak _____

Ethnicity: _____

HOBBIES & 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. Feel free to use the back of this page if you need more room.

EMPLOYMENT AND VOLUNTEER HISTORY

Current Employer _____

Address _____ Phone: _____

Supervisor: _____

Employed from _____ to _____

Position/Title _____

Volunteer Position(s)? _____

Address _____ Phone: _____

Supervisor: _____

Volunteered from _____ to _____

Position/Title _____

PERSONAL, PROFESSIONAL OR VOLUNTEER REFERENCES

References:

1. Name _____ May we call? Yes No

Home Phone _____ Work Phone _____

2. Name _____ May we call? Yes No

Home Phone _____ Work Phone _____

3. Name _____ May we call? Yes No

Home Phone _____ Work Phone _____

Please list the five services you would most like to provide to our members. You may choose from the list on the skills assessment worksheet, or add your own.

1. _____ 2. _____

3. _____ 4. _____

5. _____

Please list the five services you would most like to receive from our members: You may wish to choose from the list on the skills assessment worksheet, or add your own.

1. _____ 2. _____
3. _____ 4. _____
5. _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____
Telephone (day) _____ (evening) _____
Doctor's Name _____ Doctor's Phone _____

Please check off the statements below as you finish reading them.

- I understand that the references I have provided will be contacted.
- I understand the Wayne County Time Bank may do a background check on qualified applicants.
- I consent to the release of all relevant information concerning my ability and fitness to work as a Wayne County Time Bank member.
- I certify that the information given on this form is accurate to the best of my knowledge.
- I understand that, as a Wayne County 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.

Are you interested in joining us in a leadership position? ___Yes!

Signature _____ **Date** _____

Thank You!

**Please return to:
Wayne County Time Bank
c/o Chris Hardie
914 E Main Street, Richmond, Indiana 47374**