



FIFNC TIME BANK

an affiliate of TimeBanks USA

MEMBERSHIP FORM

First In Families of North Carolina

3109 University Drive
Durham, NC 27707
919-251-8368 | 919-400-4846 (fax)

Date: _____ Date of Birth: _____ / _____ / _____
Name: _____ Gender: Male Female
Address: _____ Cell Phone: _____
_____ Home Phone: _____
Email: _____ Other: _____

ACTIVITIES AND INTERESTS

Please list your/your organization's activities and interests. This information assists us with coordinating good matches for exchanges.

ONLINE PARTNERS

Not all Time Bank members have the internet. You can earn Time Dollars by keeping in contact with members without internet access and updating his or her offers and requests.

Do you need an online partner? _____ YES _____ NO
Are you interested in being an online partner for a member without internet access? _____ YES _____ NO

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

(Examples: allergies, diabetes, seizures, fainting)? Please be specific.

INCURRING COSTS FOR CRIMINAL BACKGROUND CHECKS

For those wishing to **provide child care, senior care or respite**, criminal back ground checks will be required. If you **offer** this service, are you willing to incur those costs?

_____ YES _____ NO _____ N/A

EMPLOYMENT AND VOLUNTEER HISTORY/ORGANIZATION INFORMATION

Current Employer: _____ 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.***

CRIMINAL RECORD

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: _____

FIFNC TIME BANK MEMBERSHIP DUES

We use a sliding scale approach to our Membership Dues. Please consider the amount you are able to pay at this time to join the FIFNC Time Bank.
Please write checks to First In Families of North Carolina

Membership Type	Annual Dues
Individual (Average \$20)	Between \$5 - \$50
Family (Average \$30)	Between \$5 - \$50
Organization	Between \$25 - \$500

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 _____
Family _____	Cash _____
Organization _____	Scholarship* _____

*Scholarships for Triangle residents with developmental disabilities are available

VOLUNTEER WITH THE FIFNC TIME BANK

I'd like to earn Time Dollars and help the FIFNC Time Bank!

- Time Bank Ambassador:** Assist with recruiting new members
- Membership:** Outreach to current members, match requests and give updates
- Events:** Help plan group activities
- Other:** _____

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 is member 18 years of age

Date

Signature of Time Bank Coordinator

Date

All information contained in this handbook has been provided by the York County Time Bank, the Dane County Time Bank and TimeBanksUSA with their permission.



First In Families of North Carolina
Believe, Achieve, Give Back

Consent for the Use of My Photograph or Other Information

I, _____, (*Person or Guardian*) hereby authorize First In Families of North Carolina to take videos, photographs or use quotes of or from _____ (*Individual*) for the sole purpose of promoting First In Families. I understand that these videos, photographs and/or quotes will be shared in a variety of venues such as, but not limited to, health or community fairs, conferences, presentations in the community, with a variety of individuals or groups, such as but not limited to, First In Families staff, Board of Directors and Management Team members, community stakeholders, and legislators.

I understand that this release will remain in effect from the date of my signature below until and unless I revoke the consent. I also understand that I may revoke this consent at any time.

Date

Signature of Person or Guardian

Printed Name of Guardian _____

Address _____

Phone _____

Fax _____

Email _____

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