

# Sedona – Verde Valley TimeBank



OFFICE USE ONLY  
 Amount Paid \_\_\_\_\_  
 Check/Cash/CC \_\_\_\_\_  
 Mo/Yr \_\_\_\_\_  
 Attended Orientation \_\_\_\_\_  
 Completed Form \_\_\_\_\_  
 Registered online \_\_\_\_\_  
 References checked \_\_\_\_\_  
 Background Check \_\_\_\_\_

## Member Application

Please return your completed application with payment to:  
 Mailing Address: P.O. Box 305  
 Sedona AZ 86339  
 Phone: (928) 399-7063

Date \_\_\_\_\_

Email: [SVvTimeBank@gmail.com](mailto:SVvTimeBank@gmail.com)

[www.SVvTimeBank.org](http://www.SVvTimeBank.org)

Note: In order to exchange services, you need to register online.  
 Check our website at [www.SVvTimeBank.org](http://www.SVvTimeBank.org) to learn how to do this.

Yearly contribution made payable to: Sedona Verde Valley TimeBank: \$25 for individual \$40 for family

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: BIRTH DATE NEEDED FOR BACKGROUND CHECK

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

\_\_\_\_\_

Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Ethnicity \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Languages spoken \_\_\_\_\_

NOTE: INFORMATION RECEIVED REGARDING ETHNICITY, GENDER & LANGUAGES SPOKEN USED FOR GRANT FUNDING PURPOSES ONLY.

Names of Other People in your Household (*we consider FAMILIES to be members of the Sedona Verde Valley TimeBank, however, each family member must fill out a Member Application*):

_____	Relationship _____
_____	Relationship _____
_____	Relationship _____
_____	Relationship _____

What is your physical condition?      Excellent    Good    Fair    Poor

Do you have any physical conditions we should be aware of? (examples: allergies, infection, diabetes, seizures, fainting) Please be specific. \_\_\_\_\_

COMPUTER BUDDY: Are you interested in being an online partner (computer buddy) for a member without internet access? \_\_\_yes \_\_\_no    Do you need an online partner? \_\_\_yes \_\_\_no

**PERSONAL, PROFESSIONAL OR VOLUNTEER REFERENCES**

1. Name \_\_\_\_\_ May we call? YES NO

Affiliation, Position or Relationship to You \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_ May we call? YES NO

Affiliation, Position or Relationship to You \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**The Sedona Verde Valley TimeBank requires a background check on all applicants. Affirmative answers to the following questions will not necessarily disqualify an applicant from participation.**

**Are you currently on probation or 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:**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? YES \_\_\_\_\_ NO \_\_\_\_\_**

**If yes, list each crime, when it occurred or the date of the conviction and the city and state where the court is located.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you resided outside of Arizona in the last 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_**

**If yes, list each state and the dates you lived there.**

# THE SEDONA VERDE VALLEY TIMEBANK AGREEMENTS

These agreements protect all of us.

## I have read, understand and agree to the following:

The Sedona Verde Valley TimeBank (SVVTB) is a community organization that facilitates service exchanges, community networks, and group service projects. Each member is responsible for his or her individual exchanges.

SVVTB refers members who state that they are able to perform services. SVVTB cannot guarantee the performance of anyone who is referred, nor will the SVVTB or its staff or members be held responsible for any injury to persons or damage to property experienced while involved with the transaction. The SVVTB recommends that in all exchanges involving a person under 18 years of age or a vulnerable adult that an additional support person from the TimeBank be present at all times during the exchange. Such a support person will receive one time token per hour for their service for each exchange, paid for by the SVVTB and not by the person requesting the service.

**Limitations:** No service is guaranteed, and there may be situations when the service provided does not meet the expectations of the receiver. Wherever possible, appreciation of another's best efforts is part of what makes the SVVTB work. Additionally, all problems should be brought to the attention of a COORDINATOR at SvvTimeBank@gmail.com

**Confidentiality:** All members must protect the privacy and confidentiality of other members. A member can be dismissed from the program for violating this rule. The only exception for sharing information is when a member feels that the health and/or safety of another member is in danger. Please communicate these concerns to the COORDINATOR immediately at SvvTimeBank@gmail.com

## Code of Conduct Agreement

As a Sedona Verde Valley TimeBank (SVVTB) member, I agree:

1. Clarify all details\* of my time transaction before meeting with my partner.
2. Respect my exchange partner's privacy and confidentiality.
3. Recognize that my TimeBank service is voluntary.
4. Respect my exchange partner's home, property, and valuables.
5. Post and maintain at least one offer and one request on the SVVTB website with my availability. Seek out offers from other SVVTB members that appeal to me.
6. Communication is key to a successful TimeBank and that it is my responsibility to answer all SVVTB phone calls and emails directed to me. I will respect SVVTB member's privacy and confidentiality by not sharing phone, email address and residency address with people outside the SVVTB membership network.
7. Abide by the policies of the SVVTB.

\* Under circumstances where the exchange involves services such as transportation, childcare, eldercare, plumbing, etc., it is the responsibility of the requestor to ascertain the competency of the server to the extent that meets the user's level of comfort.

## RELEASE OF LIABILITY AGREEMENT

I understand that the references I have provided will be contacted. The SVVTB requires a background check on applicants. I consent to the release of all relevant information concerning my ability and fitness to work as a SVVTB member.

I understand that, as a TimeBank, 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 SVVTB is a coordinating agency only and cannot guarantee the performance of anyone who is referred.

I understand that expenses for any materials used will be the responsibility of the recipient and expenses will be agreed upon before the service is delivered.

I understand that the SVVTB cannot be held responsible for any injury to persons or damage to property experienced while involved with the program. The applicant hereby agrees to hold the SVVTB, as well as its employees and/or agents harmless from any and all claims or liabilities for any work performed hereunder.

I agree that if I use my personal vehicle in rendering volunteer service through the SVVTB, I will, in accordance with Arizona law, arrange to keep in effect adequate and legal automobile liability insurance covering bodily injury and property damage.

### Photo Release Form

*Note: All photographers taking photographs must obtain a signed release form from any person or member of the public who is visibly recognizable in the photograph. Crowd scenes where no single person is the dominant feature are exempt.*

I hereby grant the SVVTB permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the SVVTB and will not be returned.

I hereby irrevocably authorize the SVVTB to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the SVVTB programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the SVVTB from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

I do **not** authorize photos of me to be used by the Sedona Verde Valley TimeBank.  
(Initial the above box if you do **not** want SVVTB to use your photo for the promotion of SVVTB activities.)

**Sedona Verde Valley TimeBank Agreements (Limitations, Confidentiality, Code of Conduct, Release of Liability & Photo Release Agreements)**

I have read, understand and agree to **all** of the Sedona Verde Valley TimeBank Agreements (unless so indicated on the photo release form).

\_\_\_\_\_  
(Signature of Applicant) (Date)

**Vulnerable Persons Policy**

I have received, read and agree to the **Vulnerable Persons Policy**.

\_\_\_\_\_  
(Signature of Applicant) (Date)

**Childcare Policy**

I have received, read and agree to the **Childcare Policy**.

\_\_\_\_\_  
(Signature of Applicant) (Date)

**I certify that the information given on this application is accurate to the best of my knowledge.**

\_\_\_\_\_  
(Signature of Applicant) (Date)

\_\_\_\_\_  
(Printed Name) (Date)

**If the person signing is under age 18, there must be consent by a parent or guardian, as follows:**

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person. This consent shall automatically terminate upon the 18th birthday of \_\_\_\_\_, named above.

\_\_\_\_\_  
(Parent/Guardian's Signature) (Date)

\_\_\_\_\_  
(Parent/Guardian's Printed Name) (Date)

\_\_\_\_\_  
Signature of Sedona Verde Valley TimeBank Coordinator (Date)