

Member Registration Please complete one form per person.
Applicant Information

 Last Name First Name MI

 Street City Zip

 Telephone Cell Phone

 Email Date of Birth

Male Female I prefer to be contacted by Telephone Cell phone Email

 Employer Employer Phone

 Employer Street Address City Zip

Have you ever been convicted of a crime? Yes No *Note: A conviction does not necessarily prevent participation in the Community Exchange program. If yes, please explain:* _____

Do you smoke? Yes No Do you object to being paired with someone who smokes? Yes No
 Do you have any medical conditions or limitations we should know about? Yes No

If yes, please explain: _____

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Emergency Contacts

Please provide contact information for two persons that can be notified in case of emergency. Members under the age of 18 must list parent/legal guardian as emergency contact.

Last Name	First Name	MI
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Street	City	Zip
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Telephone	Cell Phone
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Last Name	First Name	MI
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Street	City	Zip
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Telephone	Cell Phone
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Reference

Please provide information for two people who are not related to you that we may contact for a reference

Last Name	First Name	MI
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Street	City	Zip
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Telephone	Cell Phone
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Last Name	First Name	MI
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Street	City	Zip
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Telephone	Cell Phone
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Service Opportunities I have the following special skills, hobbies, interest etc.

I am willing to provide services for people with the following disabilities/conditions.

Check all that apply.

- Stroke related handicaps Alzheimer's disease Visual impairment Hearing impairment
 Mental disabilities HIV/AIDS Limited/poor mobility

Other, please list _____

I am interested in providing the following services: Check all that apply.

- Personal/Individual Care Respite Social Stimulation Reading/Writing
 Personal Care/Assistance Friendly Visiting Pet Care Phone Pal
 Peer Advocacy Translation, specify language(s) _____

Other, please explain _____

Home Management/Maintenance: Check all that apply.

- Meal Preparation Light Housekeeping Mending Minor Household Repairs
 Laundry/Ironing Gardening/Yard Work Other, please explain _____

Community/Outside the Home: Check all that apply.

- Transportation Escort Shopping Assistance with Entitlements
- Errands Recreation/Leisure Meal Delivery

Other, please explain _____

Administrative: Check all that apply.

- Clerical Office Support Member Recruitment Public Speaking Outreach
- Matching Assist with Training Other, please explain _____

I am available —

- Morning** Sunday Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- Afternoon** Sunday Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- Evening** Sunday Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Other, please explain _____

If you are willing to provide transportation services please complete this section otherwise skip to the next section. Must be at least 21 years old to provide transportation services.

Please submit a copy of your current driver’s license and evidence of motor vehicle liability coverage required by the State of Maryland in the form of an insurance identification card or the front page of a current insurance policy. These documents will be photocopied and the copies will be placed in the confidential files of the Community Exchange.

Maryland Driver’s License Number

Name of Insurance Company

Policy Number

I am willing to drive in the following areas:

- Columbia Howard County Montgomery County Baltimore City
- Baltimore County Prince Georges County Other, please explain _____

Terms and Conditions

- Community Exchange (CE) is designed to increase the involvement of its members in their community through the performance of reciprocal services to improve the quality of life. CE is not an agent of either party (service provider or service recipient). The CE staff provides the opportunity for the parties involved to come together in working out a mutually acceptable transaction.
- Agreements shall be made by and between the parties involved in the transaction. The CE staff, whether individually or in a group, will not be held responsible and will not assume any liability for claims, damages or any other consequences which may arise from this arrangement.
- Further, time dollars are not guaranteed beyond the members' good faith.
- Members must participate in a CE Orientation/Training Session prior to providing or receiving service.
- A member using a personal vehicle in providing services must possess a valid driver's license and must keep in effect automobile liability insurance covering bodily injury and property damage of an amount equal to the minimum limit required by state law.
- Automobile liability is not the responsibility of CE.
- Members agree to perform services in support of CE and abide by all policies and procedures of CE.
- Members must keep confidential any and all information concerning CE members and services exchanged.
- CE is a coordinating agency only. CE does not assess any member's skills and does not guarantee the performance of anyone who is referred.
- CE does not carry or maintain and expressly disclaims responsibility for providing any liability, medical, disability or insurance coverage for members.
- Expenses for any materials used will be the responsibility of the service recipient, and expenses will be agreed upon before the service is delivered.
- CE is not responsible for any injury to persons or damage to property experienced while involved with the Program.
- In acting as service providers, CE members are not acting as employees or agents of CE.

Release, Waiver of Liability and Indemnity Agreement

The signature(s) below indicates my/our understanding and agreement with the terms and conditions set forth herein (including all pages and attachments to this packet).

I hereby agree with the Columbia Association, Inc. (the "Association") to the following by affixing my signature below on this date, _____ 20____.

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In connection with my participation in the Community Exchange (the “Program”), I understand and acknowledge the nature and extent of the activities that will be involved in the Program and assume the risk inherent in such activities on behalf of myself. I voluntarily waive any and all claims, costs, liabilities, expenses (including attorney’s fees), and judgments against the Association, its directors, officers, employees, servants, subcontractors and agents and hereby release, excuse and discharge the Association, its directors, officers, employees, servants, subcontractors and agents from all claims, cost, liabilities, expenses (including attorney’s fees), and judgments which may arise out of my participation in the Program and all aspects attendant thereto. The undersigned further agree(s) to indemnify and hold the Association, its directors, officers, employees, servants, subcontractors and agents harmless from any and all claims, damages, actions, liabilities, expenses (including attorneys fees) and judgments which may arise out of my participation in the Program.

Signature of Member

Date

Print Name

I am the parent or legal guardian of the minor indicated below. I am signing this agreement on behalf of said minor and acknowledge that in so doing, I am giving up legal rights and remedies that I, my spouse, a legal guardian for the minor or the minor might have now or in the future.

Minor

Date

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

