



Youth Membership Application

Personal Data:

Youth Name: _____ Date of Birth (DOB) _____

Street Address: _____

City: _____ State: MD Zip Code: _____

School: _____ Middle School High School Grade: _____

Telephone (Home): _____ (Cell): _____

E-mail Address: _____

Parent(s)/Guardian(s) Name(s): _____

Telephone (Daytime): _____ (Evening): _____

Parent/Legal Guardian E-mail: _____

PLEASE NOTE THAT PARENT/GUARDIAN EMAIL ADDRESS WILL BE USED FOR CORRESPONCE UNLESS OTHERWISE STATED.

How did you learn of the Columbia Association's (CA) Columbia Community Exchange?

CA media (circle one): (CA Facebook page) (CA Website) (CA Activities Guide)
(CA Sports Facility): _____
(name)

School: _____ Church: _____
(name) (name)

Other Organization: _____ Parents Friend Other _____

Explain briefly, why you are interested in joining the Community Exchange:

Community Service Hours School Project Church Activity Other: _____

What skills or services do you feel that you can share with the Community Exchange?

Yard Work Household Help Pet care Homework Help Translation
 CCE Community Events Arts and Crafts Help Other: _____

Examples: I can rake leaves, sweep driveways, walk your dog, water your plants or flowers, help a child with homework, staff a Community Exchange table at a Teen Fair or Village Festival, carry boxes or groceries, etc.

Please list any activities or hobbies that you enjoy or are involved in (at school, sports, community, work).

Please complete and return this form to: Columbia Community Exchange, 5853 Robert Oliver Place, Columbia, MD 21045

Email: communityexchange@columbiaassociation.com Telephone: 410-884-6121 Fax: 410-997-7917

Visit us on the web: www.timebanks.org or <http://www.columbiaassociation.com/Timebanks>

Columbia Community Exchange Member Rules and Code of Ethics

Columbia Community Exchange (CCE) strives to weave communities that are mutually caring, cooperative, and reciprocal. CCE does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, age, or disability. As a member, I agree to abide by the stated rules and the Code of Ethics. I will:

- Keep all personal information about my CCE partner (provider or recipient) confidential.
- Recognize that my service is entirely voluntary and refuse money, gifts or tips from my CCE partner
- Respect my CCE partner's home, property and valuables
- Clarify with my CCE partner details of my service
- Notify the CCE staff if I have any concerns about the service that is provided or received

Youth Member Signature

Date

I, _____, give permission to my child, _____ to participate in the program(s) offered by the Columbia Association Columbia Community Exchange (CCE), including off-site or overnight trips or activities. I understand that my child shall abide by all the rules, regulations, agreements, criteria, and guidelines of the CCE and that his/her failure to do so will give the CCE the right to immediately terminate his/her participation. I understand that I may have to pick my child up if he/she does not abide by these rules.

I also give permission for my child to be photographed by the CCE and the Columbia Association for promotional material or for any other Columbia Association purposes, including publicity. I release the Columbia Association from any and all claims and liability in regard to said photographs.

I understand and voluntarily assume on my own behalf and on behalf of my child all risks inherent in participation in the programs; and I waive all claims, actions, costs, liabilities, expenses, and judgments against Columbia Association, Inc. and the CCE and release CA and its directors, officers, agents, representatives and employees from claims, action, costs, liabilities, expenses and judgments arising out of my son/daughter's participation in the programs. I further agree to indemnify CA and its directors, officers, agents, representatives, and employees and hold them harmless for any and all claims, damages, actions, liabilities, and expenses including attorney's fees arising out of my child's participation in the programs.

Columbia Association has my permission to take whatever steps it deems necessary to properly care for and supervise my son/daughter, including the rendering of emergency medical care in the event that any situation occurs whereby an agent or employee of Columbia Association CCE, in the exercise of his/her discretion, assesses that immediate action is necessary and/or in the event my child is injured and I cannot be reached within a reasonable time under the circumstances.

My signature below indicates my understanding and agreement with all terms set forth in this registration. I agree that I will cooperate fully with all Columbia Association personnel and will notify the CCE in writing if any information set forth on this registration form changes in any way.

Parents'/Legal Guardian's Signature _____ Date _____

Name Printed _____ Date _____

As a participant, I will abide by the rules of the Columbia Association CCE and understand that if I violate any portion of this agreement, I may be suspended or banned from participating in any CCE activities and my parents will be notified.

Participant's Signature _____ Date: _____