

**MEMBERSHIP APPLICATION FORM**

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Preferred name \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Post code \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (age: \_\_\_\_)

Retired  Yes  NoSex:  M  F

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

Cell: \_\_\_\_\_ E-Mail \_\_\_\_\_

Other ways to reach you: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ (optional) Iwi: \_\_\_\_\_ (if applicable)

Are you a resident or citizen of New Zealand?  Yes  No

If you are an immigrant, how long have you been in NZ? \_\_\_\_\_

Do you have access to internet at home?  Yes  No  Broadband  Dial UpDo you have any computer skills:  None  Beginner  Medium  AdvancedCan you offer to be an Online Buddy?  Yes  No (You earn Time Credits as an Online Buddy)**Emergency Contact Information**

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

**Safety Information**

To help ensure your safety and that of other TimeBank members, please provide the contact details for two non-relative referees:

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email: \_\_\_\_\_ Work/Mobile \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email: \_\_\_\_\_ Work/Mobile \_\_\_\_\_

**By signing below you are indicating you understand and agree to the following:**

- I have the sole right and responsibility to determine whether and when to accept services and/or goods offered through Waikato TimeBank and assume the risk of injury, harm or damage in connection with my providing or receiving TimeBank services. The services I receive come with no warranty, express or implied. No contractual relationship, either express or implied, exists now, or will be formed, between me and Waikato TimeBank members by virtue of my membership and participation in Waikato TimeBank.
- I hereby authorise Waikato TimeBank to contact the referees I have provided. I further authorise my named referees to provide information relevant to my ability to participate as a member in the Waikato TimeBank to Waikato TimeBank or its agents.
- I authorise Waikato TimeBank to release relevant information concerning my ability and fitness to work as a TimeBank member to those seeking to utilise my services.
- I understand that as Waikato TimeBank members, we offer services to each other; members provide services to the best of their ability and do not guarantee their work.
- I will always treat other members respectfully especially their privacy or confidentiality
- I will respect other member’s viewpoints and not pressure them to accept my beliefs or political views.
- I will not involve my friends or relatives in Waikato TimeBank activities by bringing them to a member’s home or venue of time exchange unless agreed by the Waikato TimeBank member as being part of a group activity.
- I will not ask for or accept money, gifts or tips from other members.
- I accept if there is a no smoking policy in a member’s home or venue of time exchange and will not eat or drink a member’s food and drink unless invited to do so.
- I will not use any possessions of the Waikato TimeBank member, including the telephone, unless given clear permission to.
- I agree not to exchange hours unless the Waikato TimeBank is aware.

*By signing below, I certify that I have read this document and the **Waikato TimeBank Information Booklet** carefully, that I understand its terms, that I recognise that it constitutes a waiver of legal rights, and that it is enforceable to the extent allowed by law.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Full Name \_\_\_\_\_

*The Hamilton TimeBank may maintain a photographic record of the activities undertaken by members. These may be used in our newsletter and for general publicity including on our website.*

**I give my permission for photos to be used for Waikato TimeBank publicity.**       Yes       No

*Thanks for taking the time to complete this membership application!*

<i>OFFICE USE ONLY - This application is authorised by:</i>	
Signature _____	Date _____ ID _____ <small>Proof of address sighted/visited</small>
Full Name _____	ID _____ <small>Drivers Licence/Passport/Birth Certificate</small> <small>Expiry Date</small>
<b>Follow Up Call/Email</b>	<b>Yes/No</b>