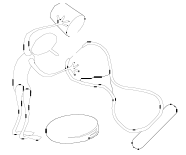




Dane County Timebank



Member Application

2120 Fordem Ave. Suite 150
Madison, WI 53704
(608) 663-0400

info@danecountytimebank.org
www.danecountytimebank.org

Date _____

Name _____

Address _____

Email _____

Ethnicity _____

Languages you speak _____

Sex: Male Female

Date of Birth _____ / _____ / _____

Daytime Phone _____

Evening Phone _____

Cell Phone _____

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

WORKING WITH HUMAN SERVICE AGENCIES Are you interested in helping agencies or their clients in cases where the agency requires a higher-level background check, often requiring a social security number?

___yes ___no

ONLINE/OFFLINE PARTNERS Are you interested in being an online partner for a member without internet access?

___yes ___no Do you need an online partner? ___yes ___no

HOBBIES AND INTERESTS Please tell us a bit about yourself, your family, leisure time activities and special interests.

This is helpful information for us to have when we are coordinating good matches for exchanges.

EMPLOYMENT AND VOLUNTEER HISTORY

Current Employer (if applicable) _____ Phone _____

Address _____ Position/Title _____

_____ Dates of Employment _____

Volunteer Position(s)

Organization	Position/Title	Duration of Volunteering (dates)
1. _____	_____	_____
2. _____	_____	_____

PERSONAL, PROFESSIONAL OR VOLUNTEER REFERENCES

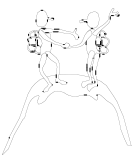
1. Name _____ May we call? YES NO

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 _____

Omissions or misrepresentation of information on your application may disqualify you from participation in the Timebank.

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 _____

RELEASE OF LIABILITY & MEMBERSHIP AGREEMENTS



Please check off the statements below as you finish reading them:

___ I understand that the references I have provided will be contacted and that the Dane County Timebank may do a background check on applicants.

___ I consent to the release of all relevant information concerning my ability and fitness to work as a Dane County Timebank 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 Dane County Timebank 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 Dane County Timebank 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 Dane County Timebank, 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 Dane County Timebank, I will, in accordance with Wisconsin law, arrange to keep in effect adequate and legal automobile liability insurance covering bodily injury and property damage.

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

Signature of Applicant

Date


Signature of Timebank Staff

Date





Dane County Timebank SKILLS & NEEDS INVENTORY


Please indicate the services you need or can offer


Can Offer	Need	
<input type="checkbox"/>	<input type="checkbox"/>	Transportation 
<input type="checkbox"/>	<input type="checkbox"/>	Errands/Shopping
<input type="checkbox"/>	<input type="checkbox"/>	Local
<input type="checkbox"/>	<input type="checkbox"/>	Long Distance
<input type="checkbox"/>	<input type="checkbox"/>	Medical
<input type="checkbox"/>	<input type="checkbox"/>	Train / Bus / Airport
<input type="checkbox"/>	<input type="checkbox"/>	Worship
<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous
<input type="checkbox"/>	<input type="checkbox"/>	Other _____


Can Offer	Need	
<input type="checkbox"/>	<input type="checkbox"/>	Help At Home 
<input type="checkbox"/>	<input type="checkbox"/>	Child Care
<input type="checkbox"/>	<input type="checkbox"/>	Cooking & Sewing
<input type="checkbox"/>	<input type="checkbox"/>	Hair & Beauty
<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping / Chores
<input type="checkbox"/>	<input type="checkbox"/>	Pet Care
<input type="checkbox"/>	<input type="checkbox"/>	Respite Care
<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous
<input type="checkbox"/>	<input type="checkbox"/>	Other _____


Can Offer	Need	
<input type="checkbox"/>	<input type="checkbox"/>	Companionship 
<input type="checkbox"/>	<input type="checkbox"/>	Clubs
<input type="checkbox"/>	<input type="checkbox"/>	Dining Out
<input type="checkbox"/>	<input type="checkbox"/>	E-mail / IM
<input type="checkbox"/>	<input type="checkbox"/>	Home Visits
<input type="checkbox"/>	<input type="checkbox"/>	Medical Errands
<input type="checkbox"/>	<input type="checkbox"/>	Telephone Calls
<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous
<input type="checkbox"/>	<input type="checkbox"/>	Other _____


Can Offer	Need	
<input type="checkbox"/>	<input type="checkbox"/>	Community Activities 
<input type="checkbox"/>	<input type="checkbox"/>	Clean-up / Recycling
<input type="checkbox"/>	<input type="checkbox"/>	Community Service
<input type="checkbox"/>	<input type="checkbox"/>	Fund-raising
<input type="checkbox"/>	<input type="checkbox"/>	Help Our Timebank!
<input type="checkbox"/>	<input type="checkbox"/>	Special Projects
<input type="checkbox"/>	<input type="checkbox"/>	Work For Social Change
<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____


Can Offer	Need	
<input type="checkbox"/>	<input type="checkbox"/>	Wellness 
<input type="checkbox"/>	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	<input type="checkbox"/>	Diet & Nutrition
<input type="checkbox"/>	<input type="checkbox"/>	Fitness & Exercise
<input type="checkbox"/>	<input type="checkbox"/>	Medical Services
<input type="checkbox"/>	<input type="checkbox"/>	Yoga / Meditation
<input type="checkbox"/>	<input type="checkbox"/>	Complementary Therapies
<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____


Can Offer	Need	
<input type="checkbox"/>	<input type="checkbox"/>	Recreation 
<input type="checkbox"/>	<input type="checkbox"/>	Books & Videos
<input type="checkbox"/>	<input type="checkbox"/>	Dancing
<input type="checkbox"/>	<input type="checkbox"/>	Events
<input type="checkbox"/>	<input type="checkbox"/>	Games
<input type="checkbox"/>	<input type="checkbox"/>	Sports
<input type="checkbox"/>	<input type="checkbox"/>	Travel
<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Can Offer	Need	
<input type="checkbox"/>	<input type="checkbox"/>	Education 
<input type="checkbox"/>	<input type="checkbox"/>	Advocacy
<input type="checkbox"/>	<input type="checkbox"/>	Personal Finances
<input type="checkbox"/>	<input type="checkbox"/>	Classes / Workshops
<input type="checkbox"/>	<input type="checkbox"/>	Computers / Technology
<input type="checkbox"/>	<input type="checkbox"/>	Languages / Translation
<input type="checkbox"/>	<input type="checkbox"/>	Tutoring / Mentoring
<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Can Offer	Need	
<input type="checkbox"/>	<input type="checkbox"/>	Arts, Crafts & Music 
<input type="checkbox"/>	<input type="checkbox"/>	Classes
<input type="checkbox"/>	<input type="checkbox"/>	Crafts
<input type="checkbox"/>	<input type="checkbox"/>	Entertainment
<input type="checkbox"/>	<input type="checkbox"/>	Lessons
<input type="checkbox"/>	<input type="checkbox"/>	Photo & Video
<input type="checkbox"/>	<input type="checkbox"/>	Theater
<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Can Offer	Need	
<input type="checkbox"/>	<input type="checkbox"/>	Home Repair 
<input type="checkbox"/>	<input type="checkbox"/>	Car Care
<input type="checkbox"/>	<input type="checkbox"/>	Painting
<input type="checkbox"/>	<input type="checkbox"/>	Plumbing
<input type="checkbox"/>	<input type="checkbox"/>	Carpentry / Construction
<input type="checkbox"/>	<input type="checkbox"/>	Electrical
<input type="checkbox"/>	<input type="checkbox"/>	Garden & Yard Work
<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Can Offer	Need	
<input type="checkbox"/>	<input type="checkbox"/>	Business Services 
<input type="checkbox"/>	<input type="checkbox"/>	Clerical
<input type="checkbox"/>	<input type="checkbox"/>	Computer Support
<input type="checkbox"/>	<input type="checkbox"/>	Financial
<input type="checkbox"/>	<input type="checkbox"/>	Legal
<input type="checkbox"/>	<input type="checkbox"/>	Marketing
<input type="checkbox"/>	<input type="checkbox"/>	Research
<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Can Offer	Need	
<input type="checkbox"/>	<input type="checkbox"/>	Misc. (Not Above) 
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

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