

Royal Oak TimeBank (ROTB) Membership Enrollment Form

Amt Paid _____ Mo/Yr _____
Intro Mtg/Orientation _____
Registered Online _____
Membership Number _____

Please **complete both sides** of this form and mail it along with your check to:
 Royal Oak TimeBank, 5098 Thorncroft, Royal Oak, MI 48073
 For more info call Nancy at (248) 435-6511

***In order to exchange services, applicants must register online (<http://sites.google.com/site/royaloaktimebank>) as well.**

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____
 (Day/evening?) (Day/evening?)

Email: _____

Preferred time: Morning Afternoon Evening Preferred method: Home Phone Mobile Email

Emergency Contact: _____ Relationship to you: _____

Birth Date: _____ Gender: _____

Member's Signature	Printed Name	Date
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Parent/Guardian's Signature if Member is under 18*	Printed Name	Date
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I hereby give my permission for my minor child, named above, to participate in the Royal Oak TimeBank and to make exchanges with other Royal Oak TimeBank members.

*Required for all members fewer than 18. If this is a Family Membership, EVERY family member must complete and sign a form.

Suggested Annual Contribution (payable to Royal Oak TimeBank): _____ \$25 for individual* _____ \$40 for family*

*FOR A LIMITED TIME: Donate for one year; get one year free for a friend! Seniors (60+) always get a 20% discount!

Omissions or misrepresentations 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.

Do you have any physical conditions we should be aware of (ex: allergies, diabetes, seizures, Fainting, chronic injuries or illnesses)? If yes, please describe (be specific): YES _____ NO _____

In the past five years, have you:

- Been placed on probation or parole? YES _____ NO _____
- Been convicted or do you presently have pending felony charges? YES _____ NO _____
- Entered a plea of guilty, not guilty, or nolo contendere? YES _____ NO _____

If "yes" please describe the offense and the date of your conviction, plea, or arrest:

Have you ever been required to register as a sexual offender? YES _____ NO _____

Code of Conduct Agreement

As a Royal Oak TimeBank (ROTB) member, I agree:

1. To clarify all details* of my time transaction before meeting with my partner.
2. To respect my exchange partner's privacy and confidentiality.
3. To recognize that my TimeBank service is voluntary.
4. To respect my exchange partner's home, property, and valuables, and to refrain from smoking in or bringing pets to my Exchange partner's home, unless expressly invited to do so.
5. To post and maintain at least one offer on the website with my availability (except when I am away from home).
6. To the concept that communication is the key to a successful time exchange and that it is my responsibility to answer all ROTB phone calls and emails directed to me in a timely manner, the sooner the better and in at least two days.
7. To be notified of activity on my website page via email from membership@ourtimebank.net and that it is my responsibility to check my email in a timely manner. When I receive an email from membership@ourtimebank.net, I will immediately go to the ROTB website to look at and respond to the email sent to me by another member.
8. To seek out, via the ROTB website, offers from other members that appeal to me.
9. Not to harass, threaten, or otherwise interfere with fellow ROTB members, and to report any disputes to the ROTB Cabinet.
10. To abide by the policies and bylaws of the ROTB Cabinet and the decisions rendered by the Cabinet thereunder.

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.

Royal Oak TimeBank (ROTB) Liability Agreement

The Royal Oak TimeBank (ROTB) is a community organization that facilitates service exchanges, community networks, and Group service projects. Each member is responsible for his or her individual exchanges. Prior to the activation of exchange Privileges, all members must sign and return this liability agreement. The agreement protects all of us.

Please initial next to each statement below to demonstrate your agreement:

_____ 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 ROTB is a coordinating agency 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 agree that all services I give or receive as a member of ROTB is on a volunteer basis, and I do not expect to receive or give any money for those services, except if there are related material fees agreed upon in advance (for example, workshop materials or gas money).

_____ I understand that the ROTB cannot be held responsible for any injury to persons or damage to property experienced while involved with the program. I agree to hold the ROTB as well as its 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 ROTB, I will maintain adequate and legal automobile liability insurance covering bodily injury and property damage, in accordance with Michigan law.

_____ I understand that there will be immediate termination of membership of any member who has been found to harass, harm, or interfere with any other ROTB member or the ROTB organization.

_____ I agree to refer any complaints or concerns to ROTB and to refer any disagreements between ROTB members to ROTB.

_____ I certify that the information given on this form is accurate to the best of my knowledge and consent to the release of all relevant information concerning my ability and fitness to serve as an ROTB member.

Member's Signature

Printed Name

Date