

LEWISTON/AUBURN TIME BANK



c/o THRIVE 124 Canal Street, Lewiston, ME 04240
(207) 782-5783 x 1607 FAX: (207) 782-5793
www.thriveinitiative.org

MEMBER INFORMATION FORM

Name _____ Date of Birth ____/____/____

Address _____ Home Phone _____

Cell Phone _____

E-Mail : _____ Other ways to reach you: _____

Personal Website: _____

What is your primary means of transportation? _____

Do you need assistance getting around? No ____ Yes _____

Do you smoke? Yes____ No ____ Tolerate smoking? Yes____ No ____

I live with: check all that apply

Alone Non relatives or friends Parents Children

Spouse or Partner One or more seniors Cats /Dogs Other pets

List all languages you speak _____

My home is: (check only one)

- House or Condo Mobile Home Hospice
Apartment Group Home Room Rental

Hobbies & Interests

Please tell us a bit about yourself, your family, or what you like doing in your free time.

Blank lines for writing hobbies and interests.

The Time Bank is a service exchange based on Time Dollars,
the currency of equality that empowers individuals to utilize their assets
and thereby enhance their lives, neighborhoods, and communities.

Employment and Volunteer History

Are you currently employed? Yes _____ No _____

With whom are you employed? _____

Are you currently volunteering? Yes _____ No _____

With whom do you volunteer? _____

Other organizations you are affiliated with: _____

Personal, Professional or Volunteer References

1. Name _____ May we call? Yes ____ No _____

Home Phone _____ Work Phone _____

2. Name _____ May we call? Yes ____ No _____

Home Phone _____ Work Phone _____

Services to Offer

Please list the services you would most like to offer to our members during the year ahead. You may choose from the cartoon enclosed or add your own. If your service offerings are limited by season (perhaps you are away during the month of August) please specify that restriction. Please note that to remain active as a member we ask that you participate in six exchanges (giving and receiving) per year.

EXAMPLE:

OFFER: *Piano Lessons*

Description: *I offer piano lessons for children, ages 5-15 in my home on Munjoy Hill, and specialize in music theory and classical music. Beginners welcome. I have room for three more students on Wednesdays during the school year.*

Availability: *Week day afternoon and early evening, flexible to meet your needs.*

OFFER:

Description:

Availability:

OFFER:

Description:

Availability:

Services to Offer (cont.)

Offer:

Description:

Availability:

Services to Receive

Please list the services you would most like to receive from our members. You may choose from the cartoon enclosed or add your own.

RECEIVE:

Description:

Availability:

RECEIVE:

Description:

Availability:

RECEIVE:

Description:

Availability:

If you would like to list more services please feel free to attach another sheet of paper.

Please tell us why you are joining the Time Bank:

How did you hear about us? _____

The Time Bank sponsors a number of events and projects. How would you like to help? Members who help on these events and projects earn Time Dollars for all their work.

- Art Gallery
- Photography
- Online Auction
- House Party
- Teach a Class
- Annual Appeal
- Event Planning
- Host a Potluck
- Office Help: bulk mailing, cleaning, other

LEWISTON/AUBURN TIME BANK

AGREEMENT TO PARTICIPATE AT MY OWN RISK AND HOLD THE LEWISTON/ABURN TIME BANK HARMLESS

As a member of the Lewiston/Auburn Time Bank (“L/A Time Bank”) I understand that the L/A Time Bank does not guarantee or warrant the fitness, safety or quality of work of its members.

- As a member of the L/A Time Bank I agree to undertake and request neighborly acts of kindness, caring and assistance with other members of the Time Bank;
- assume the risk of injury, harm or damage in connection with my providing or receiving Time Bank services;
- hold the L/A Time Bank harmless from any and all liability, actions, claims and damages of any kind, including those caused by or arising from negligence, for injury to person or property.

As such, I will try to the best of my ability to

- respond to a member’s request of services of me within 72 hours;
- be polite and helpful, but clear about the amount of the services requested I can provide;
- perform quality services to the best of my ability; and,
- perform my services in a safe and careful manner.

As a member of the L/A Time Bank, I consent to the following actions

- that the references I am providing may be contacted; and,
- that the L/A Time Bank may release relevant information concerning my ability and fitness to work as a Time Bank member to those seeking to utilize my services.

The L/A Time Bank dose not charge a fee however a donation of 25\$ is suggested to cover cost of directories, member ID’s, . We also provide options to the donation on an individual basis.

By signing below, I certify that: I have read this document carefully; I understand its terms; ***I recognize and agree that it constitutes a waiver of legal rights and is enforceable*** to the extent allowed by law.

Date: _____ Sign here: _____

Thank You For Joining Your Community Time Bank!

Please return the entire Membership Information Form to:

L/A Time Bank ATT: Sharon Carter • c/o THRIVE • 124 Canal Street • Lewiston, ME 04240

OR email: scarter@tcmhs.org

For more information, call 207-782-5783 x1607 or visit the Time Bank section of:
www.thriveinitiative.org