



# Anderson Valley Village

## Membership Application Form

Thank you for your interest in becoming a member of Anderson Valley Village. So that we can meet your needs and understand your expectations, please complete the following information. Feel free to add any details that might help us get to know you better.

***Each member (of a couple) needs to have a signed and completed application.***

Membership Type: Individual ☐ Couple ☐

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Are you retired? ☐ Yes ☐ No

Living status (alone, with spouse, friend, family, etc.) \_\_\_\_\_

Who else in your household is also submitting an application? \_\_\_\_\_

How many persons in your household? \_\_\_\_\_ How many pets (cat, dog, other) \_\_\_\_\_

Special/notable health conditions \_\_\_\_\_

Special needs (walker, cane, hearing impaired, low vision, etc.) \_\_\_\_\_

Are you a smoker? ☐ Yes ☐ No Are you sensitive to smokers around you? ☐ Yes ☐ No

Do you have allergies we should be aware of? ☐ Yes ☐ No Type \_\_\_\_\_

Is English your primary language? ☐ Yes ☐ No If no, indicate language \_\_\_\_\_

Do you have friends/family nearby you consider part of your support system? ☐ Yes ☐ No

If yes, describe \_\_\_\_\_

Who should be contacted if an emergency occurs while you are with a Village volunteer or at a Village activity (name, relationship, phone number and other pertinent information).

1. \_\_\_\_\_

2. \_\_\_\_\_

List names, emails, phone numbers, and addresses for two local contacts.

1. \_\_\_\_\_

2. \_\_\_\_\_

What is your primary interest in joining Anderson Valley Village? Check all that apply and list others you would like to see on the back.

☐ Participating in building the Village

☐ Cultural educational programs

☐ Transportation services

☐ General support

☐ Home management services

☐ Make new connections

Primary care physician contact information \_\_\_\_\_

Hospital preference in case of emergency \_\_\_\_\_

What are your hobbies/interests? \_\_\_\_\_

Are you interested in volunteering to provide services to other members? ☐ Yes ☐ No

If so, any specific service? \_\_\_\_\_

Annual membership dues are \$275 for an individual and \$440 for couples. All members must be 50 years of age or older with the exception of the partner of the primary member, who can be younger. It is not necessary to submit a membership payment with your application. Membership fees can be paid by check or credit card and can be paid in full or in quarterly or monthly payments. (Checks are written to Anderson Valley Village or AVV.)

*Include my name and phone number in the Member Directory.*

☐ Yes

☐ No

*Email me the monthly newsletter.*

☐ Yes

☐ No

*Share my email with AV Village members who are coordinating group activities.*

☐ Yes

☐ No

*Email me once a week a list of upcoming local events listed on our calendar.*

☐ Yes

☐ No

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

Thank you for your interest in participating in AV Village. We look forward to a sustainable and satisfying relationship. **When complete, you can mail this to AV Village, P.O. Box 576, Boonville, CA 95415. You can expect a call within ten days to complete your application process.**

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## SECONDARY APPLICANT DOCUMENTS

The following three documents, which are to be signed, are below:

1. Anderson Valley Village Membership Agreement
2. Notice of Privacy and Confidentiality Practices—HIPPA Requirements
3. Waiver and Release of Liability

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### 1. ANDERSON VALLEY VILLAGE MEMBERSHIP AGREEMENT

**Anderson Valley Village** is a California tax-exempt nonprofit corporation (a 501c3 of the Internal Revenue Code).

**Services.** Anderson Valley Village delivers volunteer-provided services and programs to paid and enrolled members. Note: our volunteers are community recommended but are not required to submit to a background check and are not vetted. For any services that are not available through volunteers, such as major home repairs, home inspections, and home health care needs, Anderson Valley Village will assist members in finding qualified “for-fee” providers whenever possible.

**Fees.** The fee for single membership in Anderson Valley Village is \$275 and \$440 for the household. All members must be 50 years of age or older with the exception of the partner of the primary member, who can be younger. Membership runs for a 12-month period, commencing from the date upon which Anderson Valley Village accepts the executed agreement and the appropriate payment. The annual fee may be increased from time to time. Annual membership may be renewed subject to agreement by Anderson Valley Village and the member and payment of the applicable annual fee. Membership fees cover all volunteer services and programs provided. There may be special events that incur additional charges.

**Termination of Agreement.** Anderson Valley Village reserves the right, at its sole discretion, to terminate this agreement at any time if Anderson Valley Village determines that it is in the best interest of Anderson Valley Village volunteers or other members. If Anderson Valley Village terminates the agreement, it will return a portion of the annual fee on a prorated basis from the month of termination. The undersigned member may terminate this agreement at any time by providing written notice to Anderson Valley Village. If the member terminates this agreement, no portion of the annual fee may be refunded. An exception will be made in the case of death.

As a member of Anderson Valley Village, I understand that Anderson Valley Village is not a provider of emergency services or health care services, is not a health care administrator, and does not employ licensed health professionals or social workers.

This agreement is not intended to imply that Anderson Valley Village is implicitly accountable for the health and welfare of its members.

**Agreement.** I certify that I have read and understand this Membership Agreement and wish to become a member of Anderson Valley Village under the terms of this agreement.

Signature \_\_\_\_\_ Name printed \_\_\_\_\_ Date \_\_\_\_\_

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## **2. NOTICE OF PRIVACY AND CONFIDENTIALITY PRACTICES – HIPPA REQUIREMENTS**

**How We Collect Information About You.** Anderson Valley Village, its staff, and volunteers collect data through a variety of means including, but not limited to, letters, phone calls, emails, and voice mails, in order to gather necessary information to process applications or other requests for assistance and services through our organization.

**What We Do Not Do with Your Information.** Information about your living situation or medical conditions or financial information is held in strictest confidence whether you provide it to us directly or indirectly in writing, by email or on the phone (including voicemails), on our forms or applications, or in any other manner.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or members who apply for, request, or receive our services that is considered confidential, is restricted by law, or has been specifically restricted by a member in a signed HIPPA consent form.

**How We Do Use Your Information.** Information is only used as is reasonably necessary to process your application/membership form or to provide you with requested services that may require communication between Anderson Valley Village and health care providers, service providers, pharmacies, insurance companies, and other providers as necessary.

**Limited Right to Use Non-Identifying Personal Information from Letters, Notes, and Other Sources.** Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of Anderson Valley Village. We reserve the right to use non-identifying information about our members for fundraising and promotional purposes that are directly related to our purpose.

Members will not be compensated for use of this information and no identifying information will be used without the member's express advance permission.

Of course, members may specifically request in writing that NO information be used whatsoever for promotional purposes. We respect your right to privacy and assure you that no identifying information of yours will ever be publicly used without your direct consent.

#### Acknowledgement of Privacy and Confidentiality Practices

Signature\_\_\_\_\_Name printed\_\_\_\_\_Date\_\_\_\_\_

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### **3. WAIVER AND RELEASE OF LIABILITY**

As a member of Anderson Valley Village, I knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims, or causes of action of any kind arising out of my participation in the services, programs, and activities provided by and/or coordinated through Anderson Valley Village.

I agree to indemnify and hold harmless Anderson Valley Village against any and all claims, suits, or actions of any kind whatsoever for damages, compensation, injury, or otherwise brought by me or anyone on my behalf.

I acknowledge that Anderson Valley Village and its Board members, volunteers, employees, representatives, and agents are not responsible for errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity or providing services on behalf of Anderson Valley Village.

I, the undersigned participant, affirm that I am freely signing this agreement, have read this agreement, understand the content of this agreement, and am aware that this is a release of liability against Anderson Valley Village and a contract that I am signing voluntarily. Upon execution, this contract is effective and enforceable whether my membership in Anderson Valley Village is active or not.

Signature\_\_\_\_\_Name printed\_\_\_\_\_Date\_\_\_\_\_