

GIVES MEMBERSHIP APPLICATION

Please type your information directly into this document.
Save it with the file name [YOURNAME GIVES Application] and email to givesoffice@gmail.com or print on legal paper to complete by hand

I wish to volunteer with GIVES I need services from GIVES

LAST NAME _____ FIRST NAME _____ M.I. _____

STREET ADDRESS _____ Greenbelt, MD 20770

Preferred Phone _____ Home Cell Work

Alternate Phone _____ Home Cell Work

E-mail address _____ Date of Birth _____

I am 18 years and Older

EMERGENCY CONTACT (Required)

LAST NAME _____ FIRST NAME _____

Phone _____ Email _____

Relationship _____

GIVES SERVICES	Service I volunteer for	Services I need now
Transportation		
Online Shopping Pick Up		
Respite Care		
Pet Sitting		

Please describe any physical or mobility issues you may have.

What are the best days and times you are available to volunteer?

General Agreement, Waiver and Release

I, hereby release the Greenbelt Intergenerational Volunteer Exchange Service (hereinafter "GIVES"), a community-based volunteer organization, its officers and directors from any and all damages, claims, liability, judgments, expenses, causes of actions including personal injury and the like, resulting directly or indirectly from any volunteer service to or on behalf of GIVES. This General Release is to be interpreted in its broadest legal sense to protect GIVES, its officers and directors. I will provide only those services scheduled by the GIVES coordinator. I will not request services from a GIVES volunteer beyond those authorized by the GIVES coordinator. I also agree that if I use my personal automobile in the performance of volunteer services for GIVES, I will keep in effect automobile liability insurance equal to the minimum limits required by the laws of the state in which I reside. As a volunteer participant in GIVES, I hereby waive any right or cause of action arising as a result of my participation in this program which any liability may or could accrue against GIVES, its officers, or directors, collectively or individually. I agree to this waiver if damage to my property, or property under my control, is sustained in connection with my participation in the GIVES organization. As part of GIVES, I can receive help from and provide assistance to others in this organization.

S I G N >> _____ **DATE** _____

It is my intent that by typing my name above and submitting this document, I am agreeing that my electronic signature is the legal equivalent of my manual/handwritten signature on this document.

OFFICE USE ONLY – Please place initials next to actions when completed	
Date _____	Application received by NAME _____
_____ Name entered in logbook _____	Welcome Packet Sent _____
_____ File folder created and filed alphabetically	
_____ Application placed in red folder _____	Application entered in Village Rides _____