

# TimeBank of Warren County PARTICIPANT ENROLLMENT FORM

TimeBank of Warren County is a network of people who earn what they need by doing what they can through a process called "TimeBanking." Members both volunteer time and earn time by exchanging services (not money) with others in the community. Through these exchanges of time and talent, members also make friends, get to know neighbors, and help address key needs within the community. **The information you provide helps us learn more about you so we can better connect you to other TimeBank of Warren County members.** Please print clearly.

## General Information

Name\*: \_\_\_\_\_

Address\*: \_\_\_\_\_  
\_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

How do you prefer to be addressed?\*

(i.e. Syman or Sy or Mr. Hirsch)

Home Phone: \_\_\_\_\_ Preferred\*

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

e-mail\*: \_\_\_\_\_

In general, when is the best time to contact you? \*

My birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Under 18 years old  
Mo\* Date\* Year

Do you have access to the Internet? yes no

**If no**, would you like to be matched with a buddy who has Internet access? This person will help you post service offerings, requests or ideas on our website. yes

**If yes**, would you be willing to be matched with members who do not have Internet access? yes

How did you learn about TimeBank of Warren County?

Flier or brochure, where? \_\_\_\_\_

Another nonprofit organization, which one? \_\_\_\_\_

Print article, where? \_\_\_\_\_

Oxford second Presbyterian Church?

Facebook?

TimeBank of Warren County member referral,

Member's Name: \_\_\_\_\_

Other \_\_\_\_\_

\* Starred items plus the services you plan to offer will be published in our service listings. Minors will not be listed.

Briefly, why did you decide to join TimeBank of Warren County? (Attach additional information if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your home accessible to people with physical limitations/challenges? yes no somewhat

Please explain: \_\_\_\_\_

Do you have access to reliable transportation? yes no

Do you have a disability or life challenge that you'd like other members to know about before contacting you for a service?\* **If yes**, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Attach additional information if necessary.)

Have you lived in NJ for the last two years? yes no

Have you been convicted of a misdemeanor or felony since your 16<sup>th</sup> birthday? yes no

**If yes**, explain. Attach additional information if necessary.

## New Member Screening (new members only)

Please provide the names of two references. **(No relatives.)** Reference forms must be returned for your application to be complete.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Years known: \_\_\_\_\_ How do you know this reference?

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Years known: \_\_\_\_\_ How do you know this reference?

\_\_\_\_\_

## Community Connections

TimeBank of Warren County is all about creating connections between people and resources in support of our community. Please take a few minutes to consider and share your current connections, resources and networks.

### Community Service and Affiliation

Please list organizations with which you are affiliated. For instance, Girl Scouts or Boy Scouts, a faith community, Penn State Alumni Association, a community center. Please attach additional information if necessary.

\_\_\_\_\_  
Position                      Group/Agency/Faith Community                      Dates

\_\_\_\_\_  
Position                      Group/Agency/Faith Community                      Dates

\_\_\_\_\_  
Position                      Group/Agency/Faith Community                      Dates

\_\_\_\_\_  
Position                      Group/Agency/Faith Community                      Dates

Do you hold a leadership role in any of these organizations?  yes  no

**If yes, please specify:** \_\_\_\_\_

### Work Experience (Feel free to attach a resume.)

\_\_\_\_\_  
Job Title                      Company                      Dates

\_\_\_\_\_  
Job Title                      Company                      Dates

\_\_\_\_\_  
Job Title                      Company                      Dates

Are you currently employed?  yes  no  retired

**If yes,**  full time  part time

Do you own your own business?  yes  no

**If yes,** what is the name and nature of your business? \_\_\_\_\_

(Feel free to attach a business card.)

### Emergency Contacts

Name♥: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

e-mail for custodial parent/guardian: \_\_\_\_\_

\_\_\_\_\_  
Name♥: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

♥ For minors (youth under the age of 18), please include the name(s) of custodial parent(s)/guardian(s).

### Training, Experience and Education

Please list any education or training that you have had that you feel will be helpful to TimeBank of Warren County. *i.e. Learned carpentry in high school shop, repaired motors in the military or attended medical school.*

Schools Attended: \_\_\_\_\_

Do you hold any certifications, licenses or degrees?  yes  no

**If yes, please specify:** \_\_\_\_\_

Place an X in the boxes below indicating when you are usually available to provide services.

Availability*	Su	M	Tu	W	Th	F	Sa
8 am <input type="checkbox"/> noon							
Noon <input type="checkbox"/> 6 pm							
6 pm <input type="checkbox"/> 9 pm							
Night Time Be specific							
Other*: <i>i.e. mornings after 9 am or work nights, no calls before 1 pm.</i>							

### Other

Approximately how many hours per month do you think you will exchange? \_\_\_\_\_

In which languages are you fluent?

English  Spanish

Other, please specify: \_\_\_\_\_

Is there anything you feel we have missed? \_\_\_\_\_

Again, these are things you can provide or groups or projects to which you can contribute.

**Help at Home**

- Child Care
- Cooking & Sewing
- Hair & Beauty
- Light housekeeping/Chores
- Pet Care
- Respite Care
- Snow removal
- Miscellaneous

**Home Repair**

- Car Care
- Carpentry/Construction
- Electrical
- Garden & Yard Work
- Painting
- Plumbing

**Transportation**

- Errands
- Local
- Long Distance
- Medical
- Train/Bus/Airport
- Worship
- Miscellaneous

**Companionship**

- Clubs
- Dining Out
- Email/IM
- Home Visits
- Medical Errands
- Telephone Calls (Phone Assurance)

**Recreation**

- Books & Videos
- Dancing
- Events

**Community Activities**

- Clean Up/Recycling
- Community Service
- Fundraising
- Special Projects

**Wellness**

- Complementary Therapies
- Counseling
- Diet & Nutrition
- Fitness & Exercise
- Medical Services
- Yoga/Meditation

**Arts, Crafts, & Music**

- Classes
- Crafts
- Entertainment
- Lessons
- Photo & Video
- Theater

**Miscellaneous**

**Information Sharing**

- Family Recipes
- Healthy Recipes
- CDs, Videos, DVDs
- Other (please specify) \_\_\_\_\_

**Spirituality, Faith and Religion**

- Prayer Groups \_\_\_\_\_
- Spiritual Book Group
- Spirituality Cinema Circle (Films with a message)
- Other (please specify) \_\_\_\_\_

**Education**

TimeBank of Warren County members often share special skills and talents by offering classes, workshops or tutoring.

- Class Leader. I am able to present a class/workshop in the following topic(s): \_\_\_\_\_
- Tutor. I am able to tutor students in the following topic(s): \_\_\_\_\_

**Special Projects**

TimeBank of Warren County is about people helping people. The program proactively seeks to identify community issues that can be addressed through support between community members.

- Ideas? Please specify: \_\_\_\_\_

**Support to Community Members  
Trying to Age Well at Home**

Many of the services provided by TimeBank of Warren County members help older members remain in their homes longer, more safely and more comfortably.

- I am interested in helping TimeBank of Warren County develop *Aging in Place* initiatives.
- I am interested in exchanging services with members who are striving to remain in their homes.

**Support to Community Members  
Trying to Live Healthier Lives**

- I am interested in learning more about helping community members:
  - Quit smoking
  - Learn to eat well and prepare healthy meals
  - Understand medical terminology
  - Travel to medical appointments
  - Anything that could help!
- I am interested in exchanging services with members who are striving to manage chronic disease.
- I am interested in projects that involve youth.

**Miscellaneous**

- Other services not captured elsewhere. Please specify: \_\_\_\_\_

**Help Our Time Bank!**

**Leadership Opportunities**

- Committee Work     Event Planners
- Neighborhood Cluster Leaders
- Special Interest Group Cluster Ideas

- Exchanges with Organizational Partners.** Our organizational members sometimes need help with ushering, mailings, office work, etc.

# ORIENTATION

All new members are required to attend a program orientation. Youth members under the age of 18 are expected to attend orientation with a custodial parent/guardian. To reserve your spot or to make other arrangements, please call 908-453-2224 or e-mail [members@timebankwc.org](mailto:members@timebankwc.org)

**CERTIFICATION:** I hereby certify that all information given on this enrollment form is true and correct to the best of my knowledge and any false information I have given may result in my immediate dismissal.

_____	_____
Date	Signature of member
_____	_____
Date	Signature of custodial parent or guardian if member is under the age of 18

## PHOTOGRAPHY CONSENT (Optional):

I consent to the taking and public use of any photographic, audio visual or other media recordings by a person selected by TimeBank of Warren County and its affiliates/subsidiaries. I consent to the use of my name and my image in TimeBank of Warren County publications or projects. I hereby waive any right that I may have to copyright, inspect, or approve the finished project that may be used hereunder, or the specific use or context to which it may be applied. I release TimeBank of Warren County and its affiliates/subsidiaries, its components, employees, agents and medical staff from any liability connected with the taking or use of these audio or visual recordings or representatives.

_____	_____
Date	Signature of member
_____	_____
Witness	Signature of custodial parent or guardian if member is under the age of 18

**Thanks for taking the time to complete this form.  
New members, please return this form at your orientation session.**

To learn more about Time Banking, visit [www.timebanks.org](http://www.timebanks.org)

**TimeBank of Warren County Location:**  
65A Washington Ave., Oxford NJ 07863

**Mailing Address:**  
TimeBank of Warren County, c/o Oxford Second Presbyterian Church  
PO Box 58, Oxford, NJ 07863

**Email Address:** [members@timebankwc.org](mailto:members@timebankwc.org)      **Web Address:** <http://wc.timebanks.org/>

### To be completed by orientation leader:

Orientation/Interview By: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date: \_\_\_\_\_  
Sign Off: \_\_\_\_\_  
 I.D. Badge Photo Taken

### To be completed by membership coordinator:

#### Completed Paperwork

- Participant Enrollment Form
- Uniqueness Survey (optional)
- Reference       Reference
- Background Check
- Date Verified: \_\_\_\_\_
- Participant Agreement Form

Sign Off: \_\_\_\_\_ Date: \_\_\_\_\_