

TimeBanksNYC | Individual Member Agreement

1. I will not disclose any personal information (such as medical information, addresses, e-mail addresses, or telephone numbers) about any TimeBanksNYC member without the member's consent.
2. I understand that TimeBanksNYC will not do criminal background checks on members or check personal references, professional licenses, driver's licenses and/or driving records.
3. I understand that TimeBanksNYC defines and limits the types of services that can be exchanged with other members. If I have any questions about whether a particular service is allowed, I will communicate with TimeBanksNYC.
4. I am responsible for determining whether and when to exchange services offered through TimeBanksNYC. I understand that the services I provide or receive are not evaluated or recommended by TimeBanksNYC, and that TimeBanksNYC does not warranty or guarantee the services in any way.
5. I assume full responsibility for all liability and all risk of injury or loss which may result from participating in the TimeBanksNYC program. I expressly waive any claims, demands or causes of action and release the City of New York, the Aging in New York Fund and their contractors, agents, officers or employees from any liability whatsoever arising from this program.
6. I understand that participating in TimeBanksNYC does not and will not form a contractual relationship between me and any other TimeBanksNYC participant or entity.
7. I agree that all services I give or receive as a member of TimesBanksNYC are on a volunteer basis, and that I do not expect to receive or give any money for these services. I also understand that I might not receive an equal amount of or any service hours in exchange for what I have contributed, and that service hours have no monetary value.
8. I understand that my membership in the TimeBanksNYC program may be terminated for any reason not prohibited by law. Reasons for which my membership may be terminated include conduct that is unlawful, harmful to any other individual or disruptive to the program.

This Agreement will remain in effect even if I am no longer a member of TimeBanksNYC. I have read and understand and specifically agree to all the language in this Agreement.

Member's Name (please print)

Date Member Attended Orientation

Member's Signature

Date Signed

Please return your Agreement by fax, e-mail or US mail to:

212-442-4058

helpline@timebanksnyc.org

ANYF, 2 Lafayette Street, Suite 2100, New York, NY 10007

"TimeBanksNYC" means New York City's timebanking program as described in the handbook and other materials. Entities that are involved in TimeBanksNYC include host sites, the Aging in New York Fund, The Visiting Nurse Service of New York TimeBank and its affiliates, the New York City Department for the Aging and the City of New York.