Membership Application

Partners In Care Maryland
Upper Shore Site
400 Brooklets Ave
Easton, MD 21601
410-822-1803

Contact Information

Full Name	
Street Address	
City ST ZIP Code	
Home Phone	
Other Phone	
E-Mail Address	

Demographics

Sex: ___ Male ___ Female **Date of Birth:** _____/_____/_____ **Marital Status:**_____

Race: ___ African-American ___ Asian ___ Caucasian ___ Hispanic ___ Native American ___ Other

Military Status: ___ Active ___ Retired ___ Spouse **I am a smoker:** ____ **I mind if others smoke:**____

Monthly Income: ___ Less than $900 ___ $901-1800 ___ $1801-2500 ___ More than $2500

Availability

During which hours are you available for volunteer assignments? Check all that apply.

Monday ___ AM ___ PM
Tuesday ___ AM ___ PM
Wednesday ___ AM ___ PM
Thursday ___ AM ___ PM
Friday ___ AM ___ PM
Saturday ___ AM ___ PM
Sunday ___ AM ___ PM
Any Day ___ Any Time ___

Tell us in which areas you are willing to serve. Check all that apply.

___ Bay Hundred ___ Oxford ___ Trappe
___ Caroline County ___ Federalsburg ___ Denton Area
___ Queens Anne's County ___ Cambridge
___ Easton
___ Other

Special Skills and Interests

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

About You

What do we need to know about you in order to make safe and effective match. (Ex. *I am very social, I don't mind multiple trips, I use a cane, I'm allergic to cats….etc)*

Emergency Contact

Name	
Relationship	
Street Address	
City ST ZIP Code	
Home Phone	
Other Phone	

References (Please provide 2 references NOT related to you)

Reference #1	
Street Address	
City ST ZIP Code	
Phone	
Reference #2	
Street Address	
City ST ZIP Code	
Phone	

Membership Agreement and Signature

Please initial and sign below.

_____ I give Partners In Care Retired and Senior Volunteer Program (RSVP) permission to use my name and/or photograph in its publicity and publications.

_____ I have received and read the Volunteer Handbook and have agreed to the duties listed in the volunteer description (given at orientation).

By submitting this application, I _____ affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I am applying for membership and I agree to abide by all the policies and procedures of the Partners In Care Exchange program. I understand that the information contained herein is kept strictly confidential.

I understand that Partners in Care is a coordinating agency only. The staff and volunteers will refer people who state they are able to perform requested services. Partners in Care cannot guarantee the performance of anyone who is referred, nor be responsible for any injury to persons or damage to property experienced while involved in the program. The applicant hereby agrees to hold Partners in Care, as well as its employees and/or agents harmless from any and all claims or liabilities for any work performed hereunder.

Signature		PIC Staff:
Date		

Transportation Volunteers

I agree that I will use my personal automobile rendering volunteer services. I will arrange to keep in effect adequate and legal automobile liability insurance covering bodily injury and property damage so long as I use my personal automobile as part of participation in the Partners In Care program. I understand that service providers must furnish proof of a current operator's license and evidence of motor vehicle liability coverage required by the State of Maryland in the form of an insurance identification card or the front page of a current insurance policy. These documents will be photocopied and will be placed in confidential files of the Partners in Care Program.

I understand the automobile liability is not the responsibility of the Partners in Care program.

Name (printed)	
Signature	
Date	

Type of Vehicle:

- ◯ Compact
- ◯ Sedan
- ◯ Small SUV
- ◯ Full
- ◯ Van/SUV
- ◯ Truck

Tax Credit or Reimbursement:

(Choose one)

☐ ***Mileage Tax Credit***

☐ ***Gas Reimbursement***