



## MEMBERSHIP APPLICATION

Thank you for your interest in applying for membership in Carquinez Village. Please complete our application. It will help us understand you and your interests and needs.

**Note: Each household member must complete and sign his/her own application.**

Membership Type:      Individual      Household      Date \_\_\_\_\_

### General Information

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

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

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

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

Who else, if anyone, in your household is 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 \_\_\_\_\_

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

What is your primary interest in joining Carquinez Village? Check all that apply.

Home management services

Cultural/educational programs

Transportation services

General support

Making new friends/connections

Other \_\_\_\_\_

Do you have an interest in volunteering to serve other members?    Yes            No            Possibly

**Emergency Contacts, Support System, Healthcare Information**

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? (Please inform these individuals that you have provided their names as emergency contacts.)

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

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

**Local family/friends.** List names, emails, phone numbers, and addresses of local friends/family whom you consider to be a part of your support system.

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

**Primary care physician** \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

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

**Power of Attorney** (if you have one). Write “Does Not Apply” if you don’t.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I permit Carquinez Village to use occasional personal non-identifying photos or stories in its communications materials.

Yes            No

I/We would like to be included in the membership directory.

Yes            No

Covid 19 Vaccination Status:    Vaccinated            Not vaccinated            Decline to state

# **CARQUINEZ VILLAGE MEMBERSHIP AGREEMENT**

## **Overview**

The mission of Carquinez Village is to provide social, practical, and referral assistance to older adults who want to remain in their homes and live full and independent lives as they age. Carquinez Village is a California not-for-profit 501(c)(3) corporation and a membership organization that is dedicated to connecting, supporting, and inspiring its members.

To accomplish its goals, Carquinez Village offers its members a portfolio of benefits. The services utilized most by members of Carquinez Village are transportation and social interaction. While the value of transportation is clear, the value of social interaction is often underestimated. Studies show that older adults who engage in social activities lead healthier lives and maintain their independence longer. Many Carquinez Village members are also volunteers who reap the additional benefits that volunteering offers.

## **Membership Requirements**

1. Applicants must be 60 years of age or older. There is one exception. In the case of a household membership, only the primary member must be 60 years of age or older.
2. Applicants must live in Benicia or Vallejo or in the surrounding unincorporated area.

## **Member Acceptance and Declination Policy**

Carquinez Village reviews every application for membership. Every application will be considered provisional until a membership representative has visited in person, by phone, and/or in the home of the individual/household member who is applying for membership.

Carquinez Village reserves the right to decline the membership of any individual or household, including but not limited to, any of the following circumstances: (1) the individual/household is not in Carquinez Village's geographic scope (Benicia/Vallejo address), and (2) Carquinez Village determines the individual or household requires services beyond the scope that Carquinez Village can provide.

## **Membership Benefits**

As a Carquinez Village member, a new member is entitled to all the attributes and benefits of membership. Carquinez Village board members and their volunteer colleagues do their best to identify activities and services that they believe are needed by and beneficial to its members.

## **Membership Dues**

Please do not submit a dues payment with your application. Payment is due at or following a meeting with a Carquinez Village representative, and when we are: 1) assured that you understand our mission and services, and 2) confident that we can serve you.

## **Carquinez Village Volunteers**

Carquinez Village is led and managed by volunteers. Additionally, its services are provided by volunteers. All volunteers have: 1) been carefully selected and screened, and 2) undergone a criminal background check. All who drive a personal vehicle for or with a member have a valid driver's license and insurance and have a good driving record. Each volunteer signs a Notice of Privacy and Confidentiality Practices Agreement regarding the member. Additionally, each volunteer signs a Volunteer Agreement and receives training on how to best meet the responsibilities to the members.

## **Termination of Membership**

Carquinez Village reserves the right to terminate this agreement at any time if the Village determines that it is in the best interest of the Village, its volunteers, other members, or the undersigned member(s). If Carquinez Village terminates this agreement, it will return a portion of the annual membership fee paid on a pro-rated basis for the month of termination. The undersigned member(s) may terminate this agreement at any time by providing written notice to Carquinez Village. If this agreement is terminated by the member, no portion of the annual fee will be refunded.

### **Privacy Policy**

Carquinez Village will take all reasonable steps to protect the personal information of its members. However, where concerns regarding a member's health or safety arise, Carquinez Village reserves the right to contact the individuals listed as contacts (on the application) or other appropriate people, as determined by Carquinez Village. In addition, to connect a member with a third-party vendor at the member's request, Carquinez Village may disclose contact and other relevant information.

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### **RELEASE AND WAIVER OF RESPONSIBILITY**

To the extent permitted by law, I agree to indemnify and hold Carquinez Village, together with its agents, staff, volunteers, and all other persons or entities acting in any capacity on its behalf, harmless for any loss, expense, or liability arising in any way out of their activities, including but not limited to any action I, my heirs and assigns, or my insurance company might bring for negligence, personal injury, or invasion of privacy.

As a member of Carquinez Village, I understand that Carquinez Village is not affiliated with the third-party vendors it identifies or refers, and I release Carquinez Village from all responsibility or liability stemming from the conduct, service or product of such third-party vendors.

As a Carquinez Village member, I understand that Carquinez Village is not a provider of emergency services or a health-care provider or administrator and does not employ licensed health professionals or social workers. This agreement is not meant to create any special relationship which gives rise to a duty to aid or protect between myself and Carquinez Village.

Please sign and date this application.

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Name

Date

**When completed, please send all pages to  
Carquinez Village Membership  
77 Solano Square No. 279  
Benicia, CA 94510**

**Someone will call you back as soon as possible!  
We look forward to meeting with you!**