

Brisbane Village Helping Hands Member Sign-up

BRISBANE VILLAGE
Helping Hands



Member Information (please print clearly):

Name: _____

Birth date: _____ Gender: F M Other

Retired: Yes No Primary Language _____

Address: _____

Telephone(s): _____

Email: _____

Do you prefer to be contacted by phone or email? _____

PLEASE PROVIDE PROOF OF COMPLETE COVID-19 VACCINATION

Emergency Contact Information:

Primary Contact: _____ Relationship to you: _____

Email: _____ Telephone Number: _____

Secondary Contact: _____ Relationship to you: _____

Email: _____ Telephone number: _____

I live:

alone with spouse/partner with other family with friend(s)/roommate(s)

Services: Brisbane Village Helping Hands provides services through its corps of neighborhood Volunteers. All Volunteers submit to a background screening and provide proof of complete COVID-19 vaccination.

Dues: Membership dues are \$20.00 per year, and will be used to defray the operating costs of BVHH, such as liability insurance. This fee may be waived in cases of hardship.

Termination of Agreement: The undersigned Member may terminate this agreement at any time by providing written notice to a Village Coordinator. The Village reserves the right, in its sole discretion, to terminate this agreement, at any time, if the Village determines that it is in the best interests of the Village, its Volunteers, other Members or the undersigned Member.

Privacy: The 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, the Village reserves the right to contact the individual(s) listed as non-member contacts or other appropriate people, as determined by the Village.

Waiver of Liability: I acknowledge that Brisbane Village Helping Hands has not undertaken any duty or responsibility for my safety and I

(1) assume full responsibility for all risk of bodily injury, death, disability, and property damages as a result of participating in any Village activities,

(2) release and discharge any and all Village Members, Volunteers, Coordinators, Officer and Directors from any and all responsibility or liability for any loss, injury, damage or expense arising out of any and all activities of Village Members or Volunteers, and

(3) agree to hold any and all Village Members, Volunteers, Coordinators, Officers and Directors harmless from and against any cost, expenses or damages (including without limitation, reasonable attorney's fees) arising in conjunction with any and all claims brought by or through me, my heirs and assigns, or my insurance carrier.

I understand that the Village is not a provider of emergency services or health care services, is not a health care administrator, and does not employ licensed health professionals or social workers. This Agreement is not meant to create any special relationship giving rise to a duty to aid or protect between myself and the Village.

I have read the above carefully, and I am pleased to become a member of Brisbane Village Helping Hands under the terms and conditions described above.

Signature of Member

Date

Delivery Options

- Mail sign-up form and dues payment (\$20 per member – make check out to **BVHH**) to **P.O. Box 734, Brisbane, CA 94005**.
- Email brisbanevillagehelpinghands@gmail.com or call 415 508-2185 to request a pickup.
- Email your completed sign-up form using the address above; deliver dues separately.

What's Next?

You will be notified via phone or email after your sign-up form and dues payment have been received. We will review the information you've provided, follow up with any questions, if necessary, and provide you with simple instructions about requesting services, how to communicate with us in the event of plan changes, how to make use of the BVHH website resources, etc.

We look forward to having you as a Member of Brisbane Village Helping Hand

<http://brisbanevillage.org/>

Brisbane Village Helping Hands Communicable Disease Waiver and Release

This Communicable Disease Waiver and Release Agreement ("CDW") is entered into by and between _____ ("Participant") and Brisbane Village Helping Hands ("BVHH"), a 501(c)(3) nonprofit corporation. Participant desires to participate in the services provided by BVHH as a volunteer and/or as a member of BVHH. Participant has executed a separate Volunteer and/or Membership Agreement with BVHH. This CDW specifically addresses the risks arising from the novel coronavirus ("COVID-19") and other communicable diseases. By signing this CDW Participant agrees as follows:

1. Participant acknowledges that he/she understands the health risks associated with participating in volunteer-provided transportation and other BVHH services, which include potential exposure to a communicable disease such as COVID-19, a virus that causes serious illness and may lead to death.
2. Participant understands that "social distancing" (maintaining a minimum distance of six feet from all other people, regardless of whether they show symptoms of illness) is the primary method recommended by the Centers for Disease Control and Prevention to stem the spread of COVID-19. Participant acknowledges that safe social distancing is not possible in a private vehicle and may not be practical in other situations where a BVHH volunteer provides services to a BVHH member.
3. Participant agrees that, prior to and while participating in BVHH services, it is his/her responsibility to be informed about and to take additional available actions that are calculated to minimize exposure to and transmission of disease. Participant acknowledges that he/she may nevertheless be exposed to a heightened risk of contracting a communicable disease by participating in BVHH services and activities.
4. Participant agrees not to provide or accept BVHH services if participant is ill or experiencing any of the symptoms associated with COVID-19 or another communicable disease. Participant agrees to notify BVHH if he/she experiences such symptoms or illness within 14 days of participating in BVHH services. Participant consents to BVHH using this information for contact tracing and/or to alert other members, volunteers, employees, officers or agents of BVHH of their potential exposure to a communicable disease.
5. Participant understands and agrees that BVHH is not liable for any illness or death that may occur as a result of Participant's participation in BVHH services or activities. As a condition of participating in BVHH services and activities Participant, on behalf of him/herself and his/her executors and assigns, releases and forever discharges BVHH and its members, volunteers, agents, officer and employees from any claims, demands or damages arising out of or related to Participant's actual or potential exposure to a communicable disease in connection with Participant's provision or acceptance of BVHH services.

_____ Check here if you agree to the waiver and sign and print your name and the date below.

Signature of Participant

Print Participant's Name

Date

_____ Check here if you are not yet ready to sign the waiver and print your name and the date below.

Print Participant's Name

Date