

# Membership Application



Aging Better. Together.

Today's Date: \_\_\_\_\_

**Primary Member:** \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: ☐ F ☐ M ☐ Other

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**Spouse/Partner:** \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: ☐ F ☐ M ☐ Other

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_ Email: \_\_\_\_\_

## **Other Contact Information**

*Please include two people (family members suggested) we can contact in case of emergency (required to process application)*

Emergency Contact 1: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_

## **Additional Information**

How did you hear about Ashby Village?

- ☐ Family/friend ☐ Professional referrals (doctor, ...) ☐ Ashby Village event  
☐ Ashby Village website ☐ Radio/Magazine ☐ Street fairs, senior fairs  
☐ I am an Ashby Village Volunteer  
☐ Other \_\_\_\_\_

What interests you in becoming a member of Ashby Village? \_\_\_\_\_

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

What direct services do you expect that Ashby Village can provide for you? \_\_\_\_\_

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

Have you attended a Living Room Chat? \_\_\_\_\_ If yes, when? \_\_\_\_\_

*Your responses to the following questions will help to clarify that becoming a member of Ashby Village can fulfill your expectations. A staff member will contact you if we have any further questions.*

### PRIMARY MEMBER

**How would you describe your current health?**

☐ Excellent   ☐ Good   ☐ Fair   ☐ Poor

Please describe any current health needs or chronic conditions that you have? \_\_\_\_\_

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**Have you fallen in the past year?** ☐ Yes ☐ No If so, how many times? \_\_\_\_\_

**Do you currently need assistance to remain at home?** ☐ Yes ☐ No

If so, please describe nature of assistance needed: \_\_\_\_\_

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**Have you concerns or been diagnosed with Mild Cognitive Impairment (MCI) or any form of dementia?** ☐ Yes ☐ No If so, describe: \_\_\_\_\_

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### SPOUSE/PARTNER

**How would you describe your current health?**

☐ Excellent   ☐ Good   ☐ Fair   ☐ Poor

Please describe any current health needs or chronic conditions that you have? \_\_\_\_\_

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**Have you fallen in the past year?** ☐ Yes ☐ No If so, how many times? \_\_\_\_\_

**Do you currently need assistance to remain at home?** ☐ Yes ☐ No

If so, please describe nature of assistance needed: \_\_\_\_\_

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**Have you concerns or been diagnosed with Mild Cognitive Impairment (MCI) or any form of dementia?** ☐ Yes ☐ No If so, describe: \_\_\_\_\_

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## **Memo of Understanding for Ashby Village Members – please read carefully!**

Whenever a new relationship starts, it is helpful to spell things out clearly. The following are points that our past experience indicates are useful to clarify:

### **To be Eligible...**

To be an Ashby Village member, you must be capable and self-sufficient in these areas:

- Making key decisions about your own life;
- Living in a residence that presents no known threats to health or safety;
- Meeting your own personal care needs, either by self-care or making reliable arrangements with a personal care-giver;
- Maintain current medical coverage/plan, including a relationship with a medical provider;
- Possess sufficient resources to meet existing financial obligations;
- Providing Ashby Village with permission and information (in advance) for whom to contact in the event of an emergency;

Ashby Village reserves the right to deny or discontinue membership in the event that the member does not meet the eligibility criteria above, or determines that the individual's needs are otherwise incompatible with Ashby Village capacities. Ashby Village may also discontinue membership in the event it determines an individual is not complying with Ashby Village's Member Code of Ethics.

### **What We are NOT:**

Ashby Village is not a substitute for facilities or providers specifically designed to support individuals when they are no longer able to live independently. For example:

- Ashby Village does not provide personal care such as bathing, feeding or dressing
- Ashby Village is not comparable to coverage with long term care insurance

### **We've Got Limitations**

Volunteer services are not guaranteed. Ashby Village volunteers are unpaid and seek to perform tasks to the best of their abilities, but they are not working in a professional capacity. Ashby Village is unable to reimburse for inadvertent damage that occurs in the routine process of assisting a member. The member is responsible for removing any items of special value from the area in which a volunteer will work, and for ensuring a safe working environment at all times.

### **Our Current COVID Policies and Protocols (last updated February 2022)**

Mutual care is at the heart of what Ashby Village is and does, and the safety of our members and volunteers is of utmost importance to us. As such, these policies and procedures will be updated as

deemed necessary by Ashby Village and we thank you all for continuing to help to keep our community safe, and appreciate your understanding and cooperation.

### **To Receive In-Person/In-Home Services and Rides:**

In line with our continuing effort to protect the health and safety of our Ashby Village community, as of March 1, 2022, Ashby Village members and volunteers who engage in in-person/in-home services are **required** to be **up to date**\* with their COVID-19 vaccinations.

\*At this time, **up to date** means that members and volunteers are required to have received their booster dose following their two-shot Pfizer or Moderna vaccinations or their one-shot J&J vaccination. If you completed your initial doses of Pfizer or Moderna less than five months ago or if you received your J&J dose less than two months ago, you are not yet eligible for a booster and are considered “up to date” at this time.

We are collecting COVID vaccination information from both members and volunteers. After your membership application is processed you will receive a short, confidential survey to complete to send us your information and we also ask that you send a copy of your vaccination card by email or mail.

In addition, in alignment with the [changing state and local guidelines](#), **masks** (well-fitted N95 or double-layer cloth over surgical are best) **are no longer required but are strongly recommended** whenever indoors. If you would prefer to ensure both you and the volunteer are masked for a service request we completely understand and please note that when requesting or picking up the job.

For rides and MedPal services, members should sit in the back seat of the car and windows should remain down if possible.

### **For Members Who Cannot Receive the Vaccine for Medical Reasons or Have Decided Not to be Vaccinated:**

Please know that you are still able to receive virtual or outdoor services (i.e. Connections, virtual tech support, gardening, etc.) - **masks and social distancing are strongly recommended** when in-person.

Member(s) will be asked to comply with a variety of personal protection activities and to sign an **In-Home/In-Person Services Liability Release and Indemnity Form for Unvaccinated**

**Members** which includes some of the following required protocols:

- Receive your in-person services only if you are symptom free
- Cancel if your temperature is 100.4 or higher, have unexplained loss or altered sense of smell or taste, cough or shortness of breath
- Remain in another room while the volunteer is in your home or if the volunteer's presence is required, always keep a distance of 6 feet at all times
- Wash your hands or use alcohol-based hand sanitizer before and after the visit

NOTE: In-person computer/smartphone, organizing/declutter support will not be available at this time. Virtual or remote access tech support can be provided by an approved tech volunteer.

### **Meeting and Event Policies:**

- Those who are up to date on vaccination\* (see definition in the first section) may meet for outdoor meetings and gatherings, and masks are optional.
- Those who are up to date on vaccination\* may also meet for indoor meetings and gatherings, and masks are strongly recommended.
- Those who are not up to date on vaccination\* are welcome to join and masks are required.
- Visits to the Ashby Village office will be available with advance arrangement – please either call us at (510) 204-9200 or email us at [info@ashbyvillage.org](mailto:info@ashbyvillage.org) to make an appointment.
- Committees and teams may begin to meet in person, preferably outdoors, or in a hybrid format as Tech Team availability allows.

### **If You Had A Possible COVID Exposure, or Have Tested Positive for COVID, or Are Showing Symptoms of COVID:**

If you are experiencing any symptoms or if you or a close contact tests positive for COVID, we hope that you stay healthy and recover quickly, please let us know if we can do anything to support you!

Additionally, please cancel any job requests by clicking on the "I no longer need this service" purple button in your job picked-up confirmation email. After 5 days have passed and you are asymptomatic, please send us confirmation of no longer being positive. You can then re-schedule your request by emailing us at [info@ashbyvillage.org](mailto:info@ashbyvillage.org).

### **Member Acknowledgement and Agreement**

Although Ashby Village shares information about service providers recommended by one or more Ashby Village members, Ashby Village is not responsible for actions or representations made by such third party service providers.

By becoming a member of Ashby Village, members agree not to claim Ashby Village responsible for any cost, expenses, damages, or attorney fees arising in connection with any claim they (or insurance carrier) may bring against Ashby Village.




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Signature, Primary Member

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Date

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Signature, Spouse/Partner Member

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Date

**Please check all that apply:**

Your name, email, and phone number will be included in the Membership Roster (only seen by other members), and street address provided to your Neighborhood Group leader (this assists NG leaders in organizing activities). Please initial here \_\_\_\_ if you would prefer NOT be included.

- ☐ I would be interested in learning more about volunteering for Ashby Village. If checked, I understand someone from Ashby Village will contact me with further information.
- ☐ I would be interested in hosting a house party (Living Room Chat) for other potential Ashby Village members. Staff has my permission to contact me regarding a date in the future to discuss the details.

**Photo Release**

Ashby Village has many events and activities and we like to use photographs from these events to share with other members.

**Please initial here \_\_\_\_ if you do NOT give consent to Ashby Village** to use your photograph and likeness in its publications, including its website, publicity, or promotion. If you prefer not to be included, we encourage you to withdraw from the group/area where photographs or videos are being taken.

## Membership Dues Options

	Single	Household (2 or more)	Subtotal
Annual	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,200	\$ _____
Semi-Annual	<input type="checkbox"/> \$390	<input type="checkbox"/> \$620	\$ _____
Quarterly	<input type="checkbox"/> \$200	<input type="checkbox"/> \$315	\$ _____
Sustaining Membership (Includes membership dues plus donation)	<input type="checkbox"/> \$2,000 (\$1,250 donation)	<input type="checkbox"/> \$2,000 (\$800 donation)	\$ _____

## Additional Support (all donations are tax deductible)

<input type="checkbox"/> General Fund	<input type="checkbox"/> \$25	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	
<input type="checkbox"/> It Takes a Village Subsidized Membership Fund	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> Other	\$ _____
<b>Total:</b>				\$ _____

### Important notes

- All memberships (annual and installments) are for **a period of one year**.
- Membership begins on the day of the month the completed application and payment are received.
- Installment payments must be **made with a credit card**. By selecting this payment option, you agree that payments can be automatically billed through **automatic bill pay**. This charge will appear on your statement as "Ashby Village".

☐ Please debit my credit card (**REQUIRED if not paying annually**) in the amount of \$ \_\_\_\_\_

☐ M/C ☐ Visa Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ Month \_\_\_\_\_ Year Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

☐ Enclosed is my check in the amount of \$ \_\_\_\_\_

*Please make check payable to Ashby Village*

**Please send your completed form, with check, if applicable, to:**

Executive Director  
Ashby Village  
1821 Catalina Ave  
Berkeley, CA 94707