



Long Beach Time Exchange Membership Application

Mail to: Long Beach Time Exchange 425 Atlantic Ave Long Beach CA 90802

Application Information:

(Use TAB to move to next field. Shift + TAB to go backwards)(Use Space Bar or mouse click to check boxes)

Name: _____

Address: _____ City: _____ Zip: _____

Employed? Yes No Employer Name: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Birthday _____

Race/Ethnicity* _____ Ave Monthly Income* _____

** Indicates optional (but helpful for funding purposes) information.*

Do you have internet access? Yes No

How did you hear about us? Friend Internet News Event Other

If 'Other' please tell us how: _____

What languages do you speak? _____

Are you affiliated with any organizations in Long Beach? Yes No If so, please list below:

Services: Please fill out the attached **Skill Inventory Worksheet** to see what types of services you'd like to provide or receive.

References: Please provide two personal, professional, relational or volunteer references.

1) Name: _____ Relationship: _____

Phone: _____ Email: _____

2) Name: _____ Relationship: _____

Phone: _____ Email: _____

Membership Fee: Pay what you can to support the operating costs of LBTE.

\$30 suggested membership fee * \$15 for students and seniors * other amounts accepted

Applications will not be denied for lack of funds.



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Mail to: Long Beach Time Exchange PO BOX 40151 Long Beach CA 90804

Long Beach Time Exchange (LBTE) Membership Agreement

Code of Ethics

As a Long Beach Time Exchange (LBTE) member, I agree:

1. To clarify all details of my time transaction before meeting with my partner.
2. To respect my exchange partner's privacy and confidentiality.
3. To recognize that my service is voluntary.
4. To respect my exchange partner's home, property, and valuables.
5. To refrain from smoking in or bringing pets to my exchange partner's home, unless invited to do so.
6. To use the Community Weaver database (our time banking software) to log my time exchanges, or to arrange to have another member or LBTE staff to log my time exchanges for me.
7. To seek out, via the Community Weaver database, offers from other members that appeal to me.
8. To maintain at least one service offer in the Community Weaver database.

Liability Agreement

Prior to the activation of the exchange privileges, all members must initial the statements below and sign and date the bottom of this sheet. *(Checking the boxes below indicates agreement to the terms outlined)*

- I have read and understand the code of ethics. I agree to abide by its content as well as follow other guidelines outlined by the LBTE in the membership handbook. I understand that failure to abide by these guidelines would be cause for the suspension or discontinuation of my membership.
- I understand that when time exchange involves services such as transportation, childcare, eldercare, plumbing, etc., it is the responsibility of the requestor to ascertain the giver's competency to his/her level of comfort.
- I understand that, in the LBTE, we offer neighborly services to each other. Members provide services to the best of their ability and do not guarantee their work. I understand that the LBTE is a coordinating agency and cannot guarantee the performance of anyone who is referred.
- I understand that expenses for any materials used will be the responsibility of the recipient, and expenses will be agreed upon before the service is delivered.
- I understand that the LBTE cannot be held responsible for any injury to persons or damage to property experienced while involved with the program. The applicant hereby agrees to hold the LBTE, as well as its agents, harmless from any and all claims or liabilities for any work performed hereunder.
- I agree that if I use my personal vehicle in rendering volunteer service through the LBTE, I will, in accordance with California law, arrange to keep in effect adequate and legal automobile liability insurance covering bodily injury and property damage.

Member's Signature

Printed Name

Date

Parent/Guardian's Signature

Printed Name

Date

**I hereby give my permission for my minor child, named above, to participate in the Long Beach Time Exchange by making exchanges with other Long Beach Time Exchange members.*



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Long Beach Time Exchange Skill Inventory

Please mark the services you'd like to Give (left box) or Receive (Right Box)

| G | R | Community Activity | G | R | Transportation | G | R | Business Services |
|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Gardening | <input type="checkbox"/> | <input type="checkbox"/> | Errands/Shopping | <input type="checkbox"/> | <input type="checkbox"/> | Clerical |
| <input type="checkbox"/> | <input type="checkbox"/> | Cleaning | <input type="checkbox"/> | <input type="checkbox"/> | Train/Bus/Airport | <input type="checkbox"/> | <input type="checkbox"/> | Computer Support |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Events | <input type="checkbox"/> | <input type="checkbox"/> | Medical | <input type="checkbox"/> | <input type="checkbox"/> | Graphic Design |
| <input type="checkbox"/> | <input type="checkbox"/> | Timebank Staff | <input type="checkbox"/> | <input type="checkbox"/> | Moving Furniture | <input type="checkbox"/> | <input type="checkbox"/> | Marketing |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Change Actions | | | | <input type="checkbox"/> | <input type="checkbox"/> | Typing |

| G | R | Companionship | G | R | Wellness | G | R | Education |
|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|-----------|
| <input type="checkbox"/> | <input type="checkbox"/> | Dining Out | <input type="checkbox"/> | <input type="checkbox"/> | Counseling | <input type="checkbox"/> | <input type="checkbox"/> | Cooking |
| <input type="checkbox"/> | <input type="checkbox"/> | Bicycle Buddy | <input type="checkbox"/> | <input type="checkbox"/> | Diet and Nutrition | <input type="checkbox"/> | <input type="checkbox"/> | Swimming |
| <input type="checkbox"/> | <input type="checkbox"/> | Home Visits | <input type="checkbox"/> | <input type="checkbox"/> | Fitness and Exercise | <input type="checkbox"/> | <input type="checkbox"/> | Sports |
| <input type="checkbox"/> | <input type="checkbox"/> | Medical Errands | <input type="checkbox"/> | <input type="checkbox"/> | Medical Services | <input type="checkbox"/> | <input type="checkbox"/> | Music |
| <input type="checkbox"/> | <input type="checkbox"/> | Taking Walks | <input type="checkbox"/> | <input type="checkbox"/> | Yoga and Meditation | <input type="checkbox"/> | <input type="checkbox"/> | Tutoring |

| G | R | Help at Home | G | R | Other (Please list below) | G | R | Finances |
|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Child Care | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Computer Software |
| <input type="checkbox"/> | <input type="checkbox"/> | Cleaning | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | Languages |
| <input type="checkbox"/> | <input type="checkbox"/> | Sewing | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Pet Care | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Respite Care | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Car Repair | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Painting | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Garden or Yard Work | <input type="checkbox"/> | <input type="checkbox"/> | | | | |