

Long Beach Time Exchange Organizational Membership Application

Organization Name _____

Address _____

Main Phone (____) _____ - _____ Main Email _____

Organizational Contact Person's Name _____

Contact Person's Title _____ Phone (____) _____ - _____

Contact Person's Email _____

What does your organization currently offer to those you work with and/or serve (e.g., your mission; who you serve/work with; types of activities you engage in)?

What types of free/unpaid services or work does your organization currently receive from members or volunteers?

What are other services or work that your organization would like to receive?



Long Beach Time Exchange Membership Application

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 hOurworld 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 hOurworld database, offers from other members that appeal to me.
8. To maintain at least one service offer in the hOurworld database.
9. To refrain from any conduct that would violate any local, state, or federal laws or ordinances.
10. That transactions involving any kind of sexual conduct are strictly prohibited.
11. To refrain from any offensive, fraudulent, dishonest, harassing, or inappropriate conduct.

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 requester 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, whether physical or psychological, or damage to property experienced while participating in the program. The applicant hereby agrees to indemnify and hold the LBTE harmless, as well as its officers, directors, employees, representatives, agents, and volunteers, from any and all claims, injuries, or losses resulting from participation in any program transactions and/or activities.
- 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.
- If offering services of a professional nature, I agree to comply with all applicable training and insurance requirements.

I certify that the information given on this form is accurate to the best of my knowledge. I am authorized to sign this organization up for the Long Beach Time Exchange:

___ YES ___ NO

_____ / ____ / ____
 Contact Person's Signature Printed Name Date

If NO is marked above, please provide necessary authorization:

_____ / ____ / ____
 Signature* Printed Name/Title Date