

COMMUNITY CONNECTIONS...it's about Time

Membership Form

Name _____ Nickname _____

Mailing Address _____ City _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Whom should we thank for referring you? _____

Personal References

Name _____

Name _____

Email _____

Email _____

Telephone _____

Telephone _____

Relationship _____

Relationship _____

Hobbies & Interests

Please tell us about yourself. This information will be useful when we are coordinating service exchanges.

Please check off the statements below as you finish reading them.

- I understand the references I provided will be contacted.
- I understand Community Connections will conduct a background check on all Members over age 18.
- I understand Community Connections Members offer neighborly services to each other to the best of their ability and do not guarantee their work.
- I shall indemnify, defend, and hold harmless Plumas Rural Services from any claim or lawsuit arising from my participation in Community Connections.
- I understand if I am going to provide transportation services, I must provide a completed Driver Release Form, a copy of my Driver's License, and proof of insurance prior to transport.
- I understand that I am not an employee or volunteer of Plumas Rural Services but a Member of Community Connections.

OPTIONAL:

- I agree to allow Community Connections to use my photograph in their monthly newsletter and/or promotional marketing materials and understand I will receive verbal confirmation prior to use.

Membership Fee

The \$20.00 membership fee covers the cost of the background check. Please make checks payable to **Plumas Rural Services**. *There is also an annual renewal fee of \$10.00 to maintain an active membership.*

PAID: Cash Check PayPal Gift Membership from _____

Membership Fee WAIVED: MHSA Referral Plumas County Public Health Senior Connections
 Scholarship (Scholarship Form is attached) *Scholarships are still required to pay the annual \$10 renewal.

Personal

Social Security # _____ Date of Birth _____/_____/_____

Race/Ethnicity*: White African American Native American Hispanic Asian
 Other _____ (*This data is collected to meet our funder's reporting requirements.)

I am a parent/guardian of children under the age of 18 YES NO

Signature

Date

Print Full Name (first, middle, last) _____

Physical Address _____

City/State/Zip _____

Referrals

Are there family members or friends you think may be interested in becoming a Member? You will earn one credit for each person who joins!

NAME	EMAIL	TELEPHONE	RELATIONSHIP

Please return to:



PLUMAS RURAL SERVICES

Serving People, Strengthening Families, Building Communities

Leslie Wall, Program Coordinator

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