

COMMUNITY CONNECTIONS...it's about Time

JUNIOR Membership Form

Name _____ Nickname _____

Address _____

Home Phone _____ E-Mail _____

Are you a student? YES NO Grade _____

Names of other people in your household: (Who may want to become *Community Connections* members.)

_____ Relationship _____

_____ Relationship _____

REFERENCES

Please provide 2 people not related to you who have known you for at least 1 year that can provide a personal reference.

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

Emergency Contact Information

Name _____ Relationship _____

Telephone (day) _____ Evening _____

Doctor's Name _____ Doctor's Phone _____

Hobbies & Interests

Please tell us a bit about yourself, your family, free time activities and special interests. This is helpful information for us to have when we are coordinating good matches for exchanges.

PARENT/GUARDIAN – PLEASE COMPLETE

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

- I understand that the references provided will be contacted.
- I understand *Community Connections* will do a background check on all members over age 18. *
- I consent to the release of all relevant information concerning the JUNIOR Member’s ability and fitness to serve as a *Community Connections* member.
- I certify that the information given on this form is accurate to the best of my knowledge.
- I understand that *Community Connections* members offer neighborly services to each other. Members provide services 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 JUNIOR Member’s participation in *Community Connections*.
- I understand that Members are not an employee or volunteer of Plumas Rural Services but a Member of *Community Connections*.
- I agree to allow *Community Connections* to use Junior Member’s photograph in their monthly newsletter and/or promotional marketing materials and understand I will receive verbal confirmation prior use.

* Members must have their background cleared prior to time exchanges occurring.

I have received, read, and understand the **JUNIOR MEMBERSHIP PARENT GUIDE**. _____
Parent/Guardian Initial

PARENT/GUARDIAN PERMISSION:

Name: _____

Address: _____

Telephone: _____

Relationship: _____

JUNIOR MEMBER SIGNATURE

Junior Member’s Date of Birth: _____/_____/_____

PARENT/GUARDIAN SIGNATURE

*I give permission for the above named JUNIOR member to participate in *Community Connections*.

DATE

DATE

Job & Volunteer Skills

Please list job or volunteer skills that you have. _____

Please check **ALL** services that you may consider providing for another member.

ARTS & CRAFTS

- | | | |
|---|--|--|
| <input type="checkbox"/> Card Making | <input type="checkbox"/> Ceramics | <input type="checkbox"/> Christmas Ornaments |
| <input type="checkbox"/> Crocheting | <input type="checkbox"/> Embroidery | <input type="checkbox"/> Fabric/Wool Dying |
| <input type="checkbox"/> Jewelry Making | <input type="checkbox"/> Knitting | <input type="checkbox"/> Photo Collages |
| <input type="checkbox"/> Pillow Making | <input type="checkbox"/> Puppet Making | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Soap Making | <input type="checkbox"/> Stuffed Animal Making | <input type="checkbox"/> Welding (creative) |
| <input type="checkbox"/> Wool Spin/Felt | <input type="checkbox"/> Wreath Making | |

Other _____

AUTO CARE

- | | | |
|----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Coolant | <input type="checkbox"/> Oil Change | <input type="checkbox"/> Tire Change |
| <input type="checkbox"/> Wash | <input type="checkbox"/> Wiper Change | |

Other _____

CHILD CARE

- | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Babysitting | <input type="checkbox"/> Nanny Care | <input type="checkbox"/> Playgroups |
|--------------------------------------|-------------------------------------|-------------------------------------|

Other _____

BUSINESS SERVICES

- | | | |
|---|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Editing/Proofreading | <input type="checkbox"/> Envelope Stuffing | <input type="checkbox"/> Faxing |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Interview Coach | <input type="checkbox"/> Leadership Development |
| <input type="checkbox"/> Newsletters | <input type="checkbox"/> Notary | <input type="checkbox"/> Organizing |
| <input type="checkbox"/> Photocopying | <input type="checkbox"/> Resumes | <input type="checkbox"/> Small Business Set-Up |
| <input type="checkbox"/> Telephone Calls | <input type="checkbox"/> Term Papers | <input type="checkbox"/> Typing |

Other _____

COMPANIONSHIP

- Creative Problem Solving Letter Writing Listening
 Reading Aloud Senior Services Visiting

Other _____

COMPUTER ASSISTANCE

- E-mail set up Excel Graphic Software
 Internet Assistance Movie Making Software MS Word
 Music Copy Software Publisher Repair/Upgrade
 Web Page Design

Other _____

COOKING

- Baking Bread Making Cake Decorating
 Catering Cultural (type) _____
 Food Preservation Herbs Meal Planning
 Meal Preparation/Delivery Recipe Sharing

Other _____

EVENTS

- Planning Committee Poster/Sign Making Presenter
 Set-up/Break-down Volunteer at Event

Other _____

GARDENING

- Composting Design lay-out Greenhouse
 Manure Donation Planting Produce Sharing
 Purchasing Researching Vermiculture (worms)
 Watering Weeding

Other _____

HANDYMAN SERVICES

- Building/Construction Cobb Building Contractor Bid Review
 Demolition Garage Organizing Hay Stacking
 Heavy Lifting Painting Remodel Advice

Repairs Snow Shoveling Truck Hauling (moving, recycling, trash/debris removal)

Wood cut split stack

Other _____

HOUSE SITTING

In-Home Mail Pick-up Plant Watering

Other _____

HOUSEHOLD MANAGEMENT

Budgeting Errands Fung Shui

Organization Shopping Taxes

Other _____

HOUSEKEEPING

Cleaning Ironing Laundry

Vacuuming Window Cleaning

Other _____

PERSONAL CARE

Aromatherapy Exercise Partner Dreadlock Care

Facials Hair Coloring Hair Cutting

Herbs Homeopathy Massage

Meditation Yoga Tarot Reading

Other _____

RECREATION

Belly Dancing Bird Watching Coaching

Dance Fishing Frisbee

Hiking Horseback Riding Juggling

Kayaking Photography Rock Climbing

Running Softball Swimming

Tennis Trail Restoration Volleyball

Walking

Other _____

PET CARE

- | | | |
|--|---|--|
| <input type="checkbox"/> Bird Sitting | <input type="checkbox"/> Cat Sitting | <input type="checkbox"/> Dog Grooming |
| <input type="checkbox"/> Dog Sitting | <input type="checkbox"/> Dog Training | <input type="checkbox"/> Dog Walking |
| <input type="checkbox"/> Fish Tank Care | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Homeopathy |
| <input type="checkbox"/> Horse Feeding | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Horse Training |
| <input type="checkbox"/> Poultry Keeping | <input type="checkbox"/> Rabbit Care | <input type="checkbox"/> Reptiles/Amphibians |

Other _____

SEWING

- | | | |
|--------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Alterations | <input type="checkbox"/> Clothing | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Mending | <input type="checkbox"/> Quilting | |

Other _____

TRANSPORTATION

- | | | | | |
|--|--|----------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Airport (Reno/Sac) | <input type="checkbox"/> Appointments | <input type="checkbox"/> Errands | | |
| <input type="checkbox"/> Feather River College | <input type="checkbox"/> Field Trips (school) | | | |
| <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> local | <input type="checkbox"/> Chico | <input type="checkbox"/> Reno | <input type="checkbox"/> Susanville |
| <input type="checkbox"/> Mail pick-up/Delivery | <input type="checkbox"/> Plumas Christian School | | | |

Other _____

TUTORING

- | | | | | | |
|---|---|------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Algebra | <input type="checkbox"/> Astronomy | <input type="checkbox"/> Biology | | | |
| <input type="checkbox"/> Citizenship Exam | <input type="checkbox"/> Driving Exam | <input type="checkbox"/> English | | | |
| <input type="checkbox"/> ESL | <input type="checkbox"/> GED Exam | <input type="checkbox"/> Geography | | | |
| <input type="checkbox"/> History | <input type="checkbox"/> IEP Assistance | <input type="checkbox"/> Languages | <input type="checkbox"/> English | | |
| <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Literature | <input type="checkbox"/> Math | <input type="checkbox"/> Music | | | |
| <input type="checkbox"/> Piano | <input type="checkbox"/> Guitar | <input type="checkbox"/> Saxophone | <input type="checkbox"/> Drums | <input type="checkbox"/> Clarinet | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Natural Horsemanship | <input type="checkbox"/> Physics | <input type="checkbox"/> Reading | | | |
| <input type="checkbox"/> Science | <input type="checkbox"/> Youth Mentor | | | | |

Other _____

YARD CARE

Chipping/Shredding

Debris Removal

Mowing

Planting

Pruning

Raking

Rock Removal

Sprinkler Repair

Thatching

Tree Trimming

Watering

Weeding

Other _____

COMMENTS _____

THANK YOU!

Please return to:



PLUMAS RURAL SERVICES

Serving people, Strengthening families, Building communities

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