

Membership Agreement and Signature

Please initial and sign below.

_____ I give Partners In Care/Retired Senior Volunteer Program (RSVP) permission to use my name and/or photograph in its publicity and publications.

_____ I have received and read the Volunteer Handbook and have agreed to the duties listed in the volunteer description (given at orientation).

By submitting this application, I _____ affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I am applying for membership and I agree to abide by all the policies and procedures of the Partners In Care Exchange program. I understand that the information contained herein is kept strictly confidential.

I understand that Partners in Care is a coordinating agency only. The staff and volunteers will refer people who state they are able to perform requested services. Partners in Care cannot guarantee the performance of anyone who is referred, nor be responsible for any injury to persons or damage to property experienced while involved in the program. The applicant hereby agrees to hold Partners in Care, as well as its employees and/or agents harmless from any and all claims or liabilities for any work performed hereunder.

Signature		PIC Staff:
Date		

Transportation Volunteers

I agree that I will use my personal automobile rendering volunteer services. I will arrange to keep in effect adequate and legal automobile liability insurance covering bodily injury and property damage so long as I use my personal automobile as part of participation in the Partners In Care program. I understand that service providers must furnish proof of a current operator's license and evidence of motor vehicle liability coverage required by the State of Maryland in the form of an insurance identification card or the front page of a current insurance policy. These documents will be photocopied and will be placed in confidential files of the Partners in Care Program.

I understand the automobile liability is not the responsibility of the Partners in Care program.

Name (printed)	
Signature	
Date	

Type of Vehicle:

- _____ Compact Car
- _____ Van/Small SUV
- _____ Full Car/Sedan
- _____ Large SUV/Truck

Tax Credit or Reimbursement (Choose One)

- _____ Mileage Tax Credit
- _____ Gas Reimbursement