



Member Registration Form (please print)

Name: _____

Date of birth: _____

Street Address: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Street Address: _____

Mailing Address: _____

Email: _____

If you use a mobility device and/or oxygen, or have other limitations, please list below:



Check which services you are interested in receiving:

- | | |
|--|---|
| <input type="checkbox"/> Driving to appointments/grocery store | <input type="checkbox"/> Shopping/errands |
| <input type="checkbox"/> Service Saturdays – seasonal outdoor chores | |
| <input type="checkbox"/> Handy services | <input type="checkbox"/> Light housecleaning |
| <input type="checkbox"/> Snow shoveling | <input type="checkbox"/> Annual gutter cleaning |
| <input type="checkbox"/> Computer/tech help | <input type="checkbox"/> Occasional pet care |
| <input type="checkbox"/> Friendly visits or walks | <input type="checkbox"/> Weekly Care Calls |
| <input type="checkbox"/> Caregiver respite | |
| <input type="checkbox"/> Intergenerational programs | <input type="checkbox"/> Social events |

All member service requests are open for all volunteers to accept and fulfill. Are you interested in being paired with the same volunteer each time?
Yes No

Our services are provided by an incredible group of volunteers. We aim to respect their interests, abilities and schedules. To help us best utilize our volunteers, please see below.

Keep in mind that Ark Valley Helping Hands is here to help, but we do have some limitations.

- We are not medical professionals, nor do we provide personal care.
- We are not able to provide routine services, such as regular housecleaning or ongoing yardwork.
- Landscaping is outside our wheelhouse.
- We are not licensed to provide plumbing, electrical work or construction labor.
- Although we can help with packing a few boxes or loading a truck, we are not professional movers.
- We can only provide transportation within Chaffee County, as our insurance does not cover transportation outside the county.

Reciprocal Respect Agreement

Ark Valley Helping Hands operates and relies on mutual respect among our members and volunteers.

I understand that Ark Valley Helping Hands is not solely a service provider but is also, and more importantly, a community. To that end, I will treat all volunteers



and staff of Ark Valley Helping Hands with respect and can expect such in return. If accepted, Ark Valley reserves the right to cancel my membership if I am in violation of this community agreement. Please initial here: _____

Waivers

I (we) waive any right or cause of action arising as a result of participation in Ark Valley Helping Hands from which any liability may or could accrue against Ark Valley Helping Hands or its officers, staff, and directors collectively or individually.

Ark Valley Helping Hands reserves the right to utilize the contact information provided to share our mission with your contacts. I give permission to use photos taken by Ark Valley Helping Hands for promotional purposes for AVHH and for sharing with partners and sponsors.

Signature: _____

Date: _____

Suggested Membership Donation

Below are suggested amounts for the annual membership.

___ \$500 annually or ___ \$42/month

___ \$225 annually or ___ \$19/month

___ \$125 annually or ___ \$11/month

___ \$75 annually or ___ \$7/month

___ \$60 annually or ___ \$5/month

Checks should be made out to Ark Valley Helping Hands and mailed along with the application to:

Ark Valley Helping Hands, P.O. Box 1426, Salida, CO 81201



Ark Valley Helping Hands - Member Coronavirus/COVID-19 Liability Waiver

It is our policy to follow the COVID-19 guidelines as determined by Chaffee County Public Health.

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still strongly recommend practicing physical distancing and mask wearing indoors. NOTE: We require volunteers who will be conducting in-person services (indoor, outdoor and transportation/delivery) to be vaccinated against COVID-19.

I further acknowledge that Ark Valley Helping Hands cannot guarantee that I will not become infected with the Coronavirus/COVID-19.

I understand the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, interaction with Ark Valley Helping Hands volunteers.

I voluntarily seek services provided by Ark Valley Helping Hands and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. **I acknowledge that I must wear a mask when interacting with Ark Valley Helping Hands volunteers when indoors or within the confines of a vehicle.**

I attest that:

- I have not been recently diagnosed with the Coronavirus/COVID-19.
- I am not experiencing any symptoms of illness such as: cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly-impacted area within the United States in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.



I hereby release and agree to hold Ark Valley Helping Hands harmless from, and waive on behalf of myself, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act, of the program, or may otherwise arise in any way in connection with any services received from Ark Valley Helping Hands. I understand that this release discharges Ark Valley Helping Hands from any liability or claim that I or my heirs or any personal representatives may have against the organization, with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Ark Valley Helping Hands. This liability waiver and release extends to the Chaffee County Public Health Department together with all partners, employees, and private contractors.

Printed Name: _____

Signature: _____

Date: _____

Thank you! We look forward to serving you.