



## KFNV Membership Application Form

Welcome to King Farm Neighbors Village (KFNV) and thank you for becoming a member. Please complete this application, indicate if you are requesting services and provide a written signature at the end. All applications will be reviewed and a telephone or an in-person interview will be scheduled for members seeking services. The information we collect is for statistical and reporting purposes only and will be kept strictly confidential.

Your completed application can be returned by 1) scanning the signed application and emailing it to [kfnvinfo@gmail.com](mailto:kfnvinfo@gmail.com); 2) mailing the signed application to the King Farm Community Center at 300 Saddle Ridge Circle, Rockville, MD 20850; or 3) dropping off the signed application at the King Farm Community Center at 300 Saddle Ridge Circle.

### A. About You

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Best Daytime Phone Number: \_\_\_\_\_

Best Evening Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

### B. Emergency Contact Information

\_\_\_\_\_  
First/Last Name Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Email

**C. Services You Are Applying to Receive** - KFNV partners with Senior Rides

I am not applying for services at this time  
 escorted transportation services  friendly visits  friendly phone calls

**D. Demographics** – this information is optional, but is used in grant reporting and county statistics.

**Gender:**  female  male  
**Primary spoken language:**  English other \_\_\_\_\_

**Self-Identified as:**  Asian/Pacific Islander  American Indian/Alaskan  Hispanic  
 Black/Not Hispanic  White/Not Hispanic  Multi-racial  other

**Current living arrangements:**

Alone in private residence  Live with spouse/family  Live in assisted living  
Do you have pets?  yes  no Do you smoke?  yes  no

**Annual Income Level** – please check appropriate box:

Individual:  \$31,225 or less  \$31,226 - \$49,959  over \$49,960  
Couple:  \$42,275 or less  \$42,276 - \$67,639  over \$67,640

**E. Mobility Issues – check all that affect your mobility**

I have no mobility issues at this time  
 Impaired hearing  Impaired vision  Memory loss  Dizzy spells  
 Respiratory or breathing problems  Stroke/paralysis  
 Broken bones or sprains other \_\_\_\_\_

**F. Please Indicate All Assistive Mobility Devices You Use**

Cane  Walker  Wheelchair  Service animal  
 None Other \_\_\_\_\_

**G. Suggested annual donation to KFNV:**

King Farm Neighbors Village depends on charitable contributions from organizations and individuals to fund the programs and services it provides to the King Farm community. At this time, we do not require annual membership dues; however, we do ask that you consider making a financial contribution to the organization if you are able to do so. Donations are tax deductible and enable us to provide educational and social events as well as services to help community members “age in place.” Donations can be submitted with the membership application via check made out to King Farm Neighbors Village, or through our website.

Individual - \$50

Household - \$100



King Farm Neighbors Village, in partnership with Senior Rides, provides services for residents of the King Farm Community in Rockville, MD, and reserves the right to determine member eligibility. Members agree to be bound by the service descriptions provided by King Farm Neighbors Village and agree to the following guidelines of participation:

### **Member Code of Conduct – All members agree to:**

- Submit online or call the volunteer coordinator for service requests. Do NOT contact the volunteer directly.
- Submit online or call the volunteer coordinator as soon as you know you need a service to get on the schedule.
- Abide by the program policies and restrictions.
- Notify the volunteer coordinator of any ride or service cancellations as soon as possible.
- Be prepared to depart at the requested pick-up time or prepared for the scheduled service time.
- Be courteous to your volunteer and follow their instructions at all times.
- Be ambulatory or able to self-transfer into and out of the vehicle.
- Pay for any parking, tolls, groceries, prescriptions or other items you acquire during service.
- Contact the volunteer coordinator immediately if there is a problem or concern with a volunteer service provider.

### **Member Agreement/Waiver of Liability**

I hereby certify that all information I have supplied in this membership application is true, complete and accurate. I understand that by submitting this membership application, I authorize inquiries to be made concerning my suitability as a member, and that this application is not a guarantee that I will be accepted as a member of King Farm Neighbors Village and Senior Rides.

I hereby affirm that I meet all minimum requirements for the program(s) I am applying for and have supplied such additional information as required. I agree to comply with and be bound by the policies of the program. Furthermore, I agree that King Farm Neighbors Village and/or Senior Rides may, for publicity purpose use my image and/or any comment or quotation made by me.

I understand that King Farm Neighbors Village and/or Senior Rides may collect medical information from me that may include diagnosis, symptoms, treatments, doctor visits or other similar information. Any such information provided is strictly confidential and will not be disclosed or used for any purpose other than providing services as requested herein.

I understand and agree that for any service performed for me which includes any period that I am under general anesthesia (or similar), it will be my sole responsibility to have assistance available for me by a third party. Any responsibility of King Farm Neighbors Village and/or Senior rides, its staff and volunteers ends when the scheduled transportation appointment is concluded and I am delivered to my residence.

I hereby release, waive, indemnify and hold harmless King Farm Neighbors Village and/or Senior Rides, its Directors, Officers, employees and volunteers from any and all loss, damages or liability including personal injury or death arising from my voluntary participation in the program(s) to which I have applied. I further agree that this Membership Application and Waiver of Liability is intended to be as broad and inclusive as is permitted by the laws of the State of Maryland, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign the Membership Application and Waiver of Liability. I do so recognizing that I have been advised by King Farm Neighbors Village and Senior Rides that I have the right to consult with my own legal counsel concerning the Membership Application and Waiver of Liability for clarification of any of the terms contained herein. I further agree that no oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

I agree to all the terms stated above.

**Member Signature & Date (use mm/dd/yyyy format) are Required**

Printed Member Signature \_\_\_\_\_

Printed Member Name \_\_\_\_\_ Date \_\_\_\_\_

Completed by \_\_\_\_\_ on behalf of Member \_\_\_\_\_ Date \_\_\_\_\_