

The Village at Kentlands & Lakelands is a non-profit organization. Please fill out all sections as completely as possible when applying for Full Membership. Applications will be reviewed within two (2) business days of receipt and a phone interview will be scheduled to complete the application process. The information you provide in this application will be used for administrative, record-keeping and statistical purposes only and will be kept strictly **CONFIDENTIAL**.

### PERSONAL INFORMATION

First Name	Middle Initial	Last Name
Date of Birth (MM/DD/YYYY)		Email Address (that you check regularly)
Street Address		
City	State	Zip Code
Best Daytime Phone Number	Best Evening Phone Number	Cell Phone Number

### EMERGENCY CONTACT INFORMATION

First Name	Last Name	Relationship
Street Address		
City	State	Zip Code
Phone Number	Email Address	

### PREFERRED SERVICES

Service Membership applicants should select all services they hope to receive. Not all applicants will qualify for all services.

- |   |  |
|---|--|
| <input type="checkbox"/> Social Calls/Friendly Visits       | In person visits and phone calls to check in with members. |
| <input type="checkbox"/> Short Walks                        | Short walks with a volunteer.                              |
| <input type="checkbox"/> Transportation                     | Volunteers provide rides for members or run small errands. |
| <input type="checkbox"/> Indoor Help/Small Household Chores | Help with light indoor chores and tasks.                   |
| <input type="checkbox"/> Outdoor Help                       | Help with light outdoor chores and tasks.                  |
| <input type="checkbox"/> Technical Help                     | Assistance with household technical problems.              |

## MEMBERSHIP PLAN

Please select the desired membership plan.

- ☐ **Individual Plan** This plan is for a single person, 55 or older, with annual dues of **\$200.00**.
- ☐ **Household Plan** This plan is for a household with at least one person, 55 or older, with annual dues of **\$300.00**.
- ☐ **Temporary Membership** Three-month full membership, dues of **\$75.00**.

It is our policy that no resident of Kentlands or Lakelands shall be excluded from membership for financial reasons. We offer several options including, flexible payment scheduling, temporarily reduced dues, and subsidized dues. If you would like more information regarding these please contact our Treasurer, Linda Wiesman, at [ljkw@verizon.net](mailto:ljkw@verizon.net). All requests for financial consideration will be kept strictly **CONFIDENTIAL**.

## ADDITIONAL HOUSEHOLD MEMBERS

If choosing a Household Plan please list the names of all those who will be included.

First Name	Last Name	Relationship	Age
First Name	Last Name	Relationship	Age

## METHOD OF PAYMENT

Please select the preferred method of payment.

- ☐ **Check** ☐ **Cash** ☐ **PayPal**

Make checks and money orders payable to: **Village at Kentlands and Lakelands, Inc.**  
**140 Chevy Chase St. # 302**  
**Gaithersburg, MD 20878**

## MOBILITY ISSUES

Check all that may affect your mobility.

- ☐ **Respiratory or breathing problems** ☐ **Impaired hearing** ☐ **Impaired vision**
- ☐ **Broken bones or sprains** ☐ **Stroke/paralysis** ☐ **Memory loss** ☐ **Dizzy spells**
- ☐ **Other** \_\_\_\_\_

## ASSISTIVE MOBILITY DEVICES

Check all devices you may need.

- ☐ **Cane** ☐ **Walker** ☐ **Service Animal** ☐ **Wheelchair\*** ☐ **None** ☐ **Other** \_\_\_\_\_

\*Members dependent on wheelchairs may not be eligible for some transportation services.

## REFERRED BY

First Name

Last Name

Organization

Phone Number

Email Address

## DEMOGRAPHICS

This information is optional but is used in grant reporting and county statistics.

**GENDER**

☐ Male ☐ Female ☐ Other\_\_\_\_\_

**ETHNICITY**

☐ Asian/Pacific Islander ☐ Latino ☐ Black/Non- Latino

**SELF-IDENTIFIED AS**

☐ White/Non- Latino ☐ Native American/Inuit ☐ Multi-racial ☐ Other

The Village at Kentlands and Lakelands (VKL) provides services for Members living in the communities of Kentlands and Lakelands who meet program eligibility requirements (at least 55 years of age). VKL reserves the right to determine program eligibility. All Members agree that the services to be provided are limited to the service types listed and agree to the following guidelines of participation.

## MEMBERS CODE OF CONDUCT – All Members agree to:

- Call the VKL office for all service requests. Do NOT contact the volunteer directly.
- Call the VKL office as soon as they know they need a service in order to get on the schedule.
- Abide by the program policies and restrictions.
- Notify the VKL office of any ride or service cancellations as soon as possible. Excessive cancellations may result in dismissal from the program.
- Be prepared to depart at the requested pick-up or scheduled service time.
- Be mentally alert and prepared for your service.
- Be courteous to your volunteer and always follow their instructions.
- FOR TRANSPORTATION SERVICES: Be ambulatory or able to self-transfer into and out of the vehicle.
- FOR TRANSPORTATION AND ERRAND SERVICES: Pay for any parking, tolls, groceries, prescriptions or other items you acquire during service.
- Contact the VKL office immediately if there is a problem or concern with a service provider.

## MEMBER AGREEMENT/WAIVER OF LIABILITY

I hereby certify that all information I have supplied in this Member application is true, complete, and accurate. I understand that by submitting this 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 the VKL. I hereby affirm that I meet all minimum requirements for the program(s) I am applying for and have provided such additional information as required. I agree to comply with and be bound by the policies of the program. Furthermore, I agree that VKL may, for publicity and other purposes, use my image and/or any comment or quotation made by me.

I understand that the VKL may collect medical information from me that may include diagnoses, 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 such services as requested herein.

I also 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 the VKL, their 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 the VKL, their 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 Member Agreement 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 this Member Agreement and Waiver of Liability. I do so, recognizing that I have been advised by the VKL that I have the right to consult with my own legal counsel concerning this Member Agreement 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.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

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