



MEMBERSHIP APPLICATION & AGREEMENT

MEMBERSHIP TYPE (Check one):

☐ Full Individual ☐ Full Couple
☐ Social Individual ☐ Social Couple DATE: _____

MEMBER INFORMATION

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____

ZIP CODE _____ EMAIL _____

PHONE (H) _____ (C) _____

DATE OF BIRTH _____ GENDER _____

ETHNICITY Asian Black/African American Hispanic Native American Pacific Islander White
(circle one)

Is English your primary language? ☐ Yes ☐ No, indicate language _____

SECONDARY MEMBER (FOR COUPLES/ PARTNERS MEMBERSHIP ONLY)

FIRST NAME _____ LAST NAME _____

CELL# _____ EMAIL _____

DATE OF BIRTH _____ GENDER _____

ETHNICITY Asian Black/African American Hispanic Native American Pacific Islander White
(circle one)

Is English your primary language? ☐ Yes ☐ No, indicate language _____

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT _____ RELATIONSHIP _____

HM/WK/CELL # _____ EMAIL ADDRESS _____

ADDRESS _____

SECONDARY CONTACT _____ RELATIONSHIP _____

HM/WK/CELL # _____ EMAIL ADDRESS: _____

ADDRESS _____

How did you hear about Foster City Village? _____

What is your interest in joining Foster City Village? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Educational/Cultural Programs | <input type="checkbox"/> Making new friends/Social connections |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Inter-generational Activities |
| <input type="checkbox"/> Home/Personal Assistance | <input type="checkbox"/> Health & Wellness Opportunities |

Other _____

Interests/Hobbies _____

Do you have an interest in volunteering? ☐ Yes ☐ No ☐ Possibly

Married? ☐ Yes ☐ No Retired? ☐ Yes ☐ No ☐ Partially

Living status (alone, spouse, friend, etc.) _____ Pets? _____ Age _____

Special needs (walker, cane, etc.) _____

Special health conditions _____

COVID 19 Vaccination Status: ☐ Vaccinated/ Boosted ☐ Not Vaccinated ☐ Decline to state

MEMBERSHIP DIRECTORY: Please include my/our name(s) ☐ Yes ☐ No

PHOTOGRAPHY: I/we give permission for my/our photograph(s) to be taken, and used in publications and/or for publicity related to the Foster City Village: ☐ Yes ☐ No

PAYMENT

Full Annual Membership Individual: ☐ \$365/Year Full Annual Membership Couple: ☐ \$475/Year

Social Annual Membership Individual: ☐ \$175/Year Social Annual Membership Couple: ☐ \$250/Year

☐ Please check this box if you would like to be considered for an Assisted Membership. We will contact you to assess your eligibility.

By Check: Make payable to **FOSTER CITY VILLAGE**

By Credit Card: (For your security, your credit card information will be destroyed after approval.)

NAME ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ 3 DIGIT # ON BACK OF CARD _____

AGREEMENT

Foster City Village is a network of neighbors in the 94404 Zip Code dedicated to enabling older adults to live independently as we age in our homes by providing social connection, practical assistance, access to services, resources, and education opportunities, and by fostering active engagement in the community. Foster City Village is a membership based 501(c)(3) nonprofit corporation led and run by local volunteers.

SERVICES: The Village provides services to its Full Members through its corps of member and non-member volunteers. Each volunteer has been carefully screened and selected, and undergone a criminal background check. Volunteers who provide transportation have a valid driver's license, insurance and have undergone an additional DMV background check. All volunteers sign a confidentiality agreement and receive training on how to meet the needs of our members.

TERMINATION OF AGREEMENT: The undersigned Member(s) may terminate this agreement at any time by providing written notice to Foster City Village. If the Member(s) terminate(s) this agreement, no portion of the annual fee will be refunded. Foster City Village reserves the right, in its sole discretion, to terminate this agreement, at any time, if the Foster City Village determines that it is in the best interest of Foster City Village, its volunteers, other Members or the undersigned Member(s). If Foster City Village terminates this agreement, it will return a portion of the annual fee paid on a prorated basis from the month of termination.

PRIVACY: Foster City Village will take all reasonable steps to protect the personal information of its Members. However, where concerns regarding a Member's health or safety arise, Foster City Village reserves the right to contact the individual (s) listed as emergency contacts and/or other appropriate people, as determined by Foster City Village.

WAIVER OF LIABILITY: As a Member of Foster City Village, I understand that Foster City Village is not affiliated with the third party vendors it may recommend, and I release Foster City Village from all responsibility or liability stemming from the conduct of third party providers. I further indemnify and agree to hold Foster City Village harmless for any loss, expense or liability arising out of activities of its employees or volunteers, including but not limited to any action I, my heirs and assigns, or my insurance company might bring for negligence, personal injury or invasion of privacy.

As a **Member** of Foster City Village, I understand that the Village is not a provider of emergency services or healthcare services, is not a health care administrator, and does not employ licensed health professionals or social workers. This Agreement is not meant to create any special relationship giving rise to a duty to aid or protect between myself and Foster City Village.

I/we have read the above carefully and am/are pleased to become a member (s) of Foster City Village subject to the above terms and conditions.

SIGNATURE, PRIMARY MEMBER

DATE

SIGNATURE, SECONDARY MEMBER

DATE

PLEASE MAIL/EMAIL COMPLETED APPLICATION TO:

FOSTER CITY VILLAGE 1000 E HILLSDALE BLVD, FOSTER CITY, CA 94404 Phone: 650-378-8541

EMAIL: fcvillage94404@gmail.com WEB: www.fostercityvillage.org