



Navigating Life Together

North Animas Village Membership Application

| OCCUPANTS OF HOUSEHOLD (Please print) | |
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| NAME of MEMBER: Last Name _____ First Name _____ M.I. _____ | Date of Birth: _____ Gender: M ___ F ___ Other ___ |
| Phones: Primary: _____ Cell _____ or Home _____ Additional: _____ Cell _____ or Home _____ | Email: _____ |
| How would you describe your current health: Excellent ___ Good ___ Fair ___ Poor ___ Do you have any health needs or chronic conditions that would be helpful for us to know about? If so, please describe: _____ _____ | If being given a ride, will you need help with a wheelchair, walker or oxygen cart: Y ___ N ___ |
| NAME of MEMBER (Spouse or Partner): Last Name _____ First Name _____ M.I. _____ | Date of Birth: _____ Gender: M ___ F ___ Other ___ |
| Phones: Primary: _____ Cell _____ or Home _____ Additional: _____ Cell _____ or Home _____ | Email: _____ |
| How would you describe your current health: Excellent ___ Good ___ Fair ___ Poor ___ Do you have any health needs or chronic conditions that would be helpful for us to know about? If so, please describe: _____ _____ | If being given a ride, will THEY need help with a wheelchair, walker or oxygen cart: Y ___ N ___ |
| Other household occupants? Y ___ N ___ Names and ages: _____ _____ _____ | Have Pets? Y ___ N ___ Type and Number of Pet(s): _____ |
| Street Address: _____ Mailing Address (if different): _____ | Neighborhood: _____ Full time resident: Y ___ N ___ |
| EMERGENCY CONTACT INFORMATION | |
| Friend's or Relative's Name: _____ Relationship to you: _____ | Daytime Phone: _____ Evening or Cell Phone: _____ Email: _____ |

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| Neighbor with a key: Name: _____ Address: _____ | Daytime Phone: _____ Evening or Cell Phone: _____ Email: _____ |
| Physician Name (for occupant 1): | Physician Phone: |
| Physician Name (for occupant 2): | Physician Phone: |

FOR RENTERS ONLY

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| If Member is a renter, Owner's name: | Owner has liability Insurance? Y____ N____ Owner's Daytime Phone: _____ |
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CRITERIA FOR MEMBERSHIP

- Residence in service area including one of the following neighborhoods: Blue Sky, Cottonwoods including Cove and Greens, North Dalton including Enclave and Willows, Red Rock Ranch, South Dalton including the Villas, Trimble Crossing.
- Annual dues of \$120 have been paid (\$125 if paid by credit card).
- Capable of making key decisions about one's own life.
- Living in a residence that presents no known threats to health or safety.
- Self-sufficient in meeting personal care needs, either through self-care or arrangements with a personal caregiver.
- Current medical coverage plan in place including relationship with a medical provider.

PHOTO RELEASE

I understand that I may be included, knowingly or unknowingly, in photographs taken at North Animas Village activities and events. I give my permission for my photograph or likeness to be used in any printed or digital publication or for any publicity or promotional purpose, but not as a direct endorsement of any product or service. I release North Animas Village from any expectation of confidentiality in this regard, and I will receive no financial compensation. The intended use of my photo will not violate the rights of any person or organization and will not incur any liability payment to any person or organization.
 Agree: Member 1: ____ Member 2: ____

VOLUNTEER AVAILABILITY

To keep your Village running successfully, all members are encouraged to volunteer in some capacity.
 I am already a NAV volunteer. Member 1 ____ Member 2 ____

I can volunteer in the following category(ies):
Home Maintenance: Assisting with minor household chores and simple repairs. Member 1: ____ Member 2: ____
Transportation: Providing transportation to and from members' homes to appointments and other daily activities.
 Member 1: ____ Member 2: ____
Personal Support: Providing temporary support to neighbors including companionship, short-term caregiver relief, friendly calls or visits, and meal preparation. Member 1: ____ Member 2: ____
Pet Care: Providing short-term pet care. Member 1: ____ Member 2: ____
Technical Assistance: Providing minor technical assistance or information. Member 1: ____ Member 2: ____

I would be interested in serving on the following committee(s):
 Administration - Member 1: ____ Member 2: ____
 Fundraising - Member 1: ____ Member 2: ____
 Marketing/Outreach - Member 1: ____ Member 2: ____
 Membership - Member 1: ____ Member 2: ____
 Professional Services - Member 1: ____ Member 2: ____
 Social - Member 1: ____ Member 2: ____
 Volunteer Services - Member 1: ____ Member 2: ____

MEMBERSHIP BENEFITS

North Animas Village will provide members with Volunteer Services as listed in the Member Handbook, Professional Provider lists with discounted prices when available, and a variety of Social Activities. It is important to note that North Animas Village is not a replacement for long-term care insurance and cannot provide medical services, home health care, or daily intensive in-home support or personal care.

PRIVACY POLICY

North Animas 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, North Animas Village reserves the right to contact the individual(s) listed above as non-member emergency contacts or other appropriate people, as determined by the Village. In addition, to connect a member with a third-party vendor, at the Member’s request, the Village may disclose contact and other relevant information.

TERMINATION POLICY

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

WAIVER & SIGNATURES

I affirm the accuracy of the information provided on this form. I have received a copy of this application and have read and agree to the rules and matters listed above. I agree to hold North Animas Village (NAV) and their insurers, employees, volunteers, officers, and board members harmless from and against any cost, expense or damages (including attorney’s fees) arising out of or in connection with any claims brought by me, on behalf, or through me or my insurance carrier(s) relating to the NAV.

I recognize the need for an annual renewal, updating of critical information, plus payment of the annual fee. I grant permission to NAV to communicate with the Emergency Contacts specified above. Having read this entire application carefully, I am please to become a member of North Animas Village.

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| Signature of Applicant: | Date: |
| Signature of Applicant: | Date: |
| Application filled out by: (If filled out by person other than applicant.) | |

Please mail your membership dues of \$120.00 to the following address:

North Animas Village
14 Dalton Ranch Road
Durango, CO 81301

Office use only:

Dues paid: Check ____ Cash ____ Date: _____ Received by: _____