

## Austin TimeBank - Information Form

P.O. Box 301033, Austin, TX 78703 austintimebank@yahoo.com/512.207.0598

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Nickname \_\_\_\_\_

\_\_\_\_\_  
E-Mail \_\_\_\_\_

The best way to reach you for mailings and announcements: phone/e-mail/My Space/ U.S. Mail

The best way to reach you for TimeBank service requests: the web/phone/e-mail/My Space/ U.S. Mail

Do you have a driver's license? Yes No Do you have a car? Yes No

Do you need assistance getting around? ( walker, crutches, wheelchair, etc.) Yes No

Do you smoke? Yes No Tolerate smoking? Yes No

Do you have any allergies? Yes No If yes, please list: \_\_\_\_\_

List all languages you speak \_\_\_\_\_

Ethnicity or other information about your background that you wish to share: (This is optional, but the information will be used to track how well the ATB is maintaining its commitment to diversity with its members and will help us learn more about you) \_\_\_\_\_

\_\_\_\_\_  
Please tell us a bit about why you would like to become involved with the Austin TimeBank.  
\_\_\_\_\_  
\_\_\_\_\_

### Employment and Volunteer History

Current Employer \_\_\_\_\_

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

\_\_\_\_\_  
Supervisor: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Position/Title \_\_\_\_\_

Volunteer Position \_\_\_\_\_

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

\_\_\_\_\_  
Supervisor: \_\_\_\_\_

Volunteered from \_\_\_\_\_ to \_\_\_\_\_

**Personal, Professional or Volunteer References**

References:

1. Name \_\_\_\_\_ May we call? Yes No  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ May we call? Yes No  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ May we call? Yes No  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please list the five services you would most like to *provide to* our members. You may choose from the list on the next page, or add your own.

1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_

Please list the five services you would most like to *receive from* our members: You may wish to choose from the list on the next page, or add your own.

1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Please check off the statements below as you finish reading them.

\_\_\_\_\_ I understand that the references I have provided will be contacted.

\_\_\_\_\_ I understand the Austin TimeBank may or may not conduct a background check on qualified applicants.

\_\_\_\_\_ I consent to the release of all relevant information concerning my ability and fitness to work as a Austin TimeBank member.

\_\_\_\_\_ I certify that the information given on this form is accurate to the best of my knowledge.

\_\_\_\_\_ I understand that, as a Austin TimeBank, we offer neighborly services to each other. Members provide services to the best of their ability and do not guarantee their work.

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

**Thank You!**

Please return to: Austin TimeBank, P.O. Box 301033, Austin, TX 78703.

Call 512.207.0598 or e-mail [austintimebank@yahoo.com](mailto:austintimebank@yahoo.com) for more information.