

Austin Time Exchange Network - Information Form
P.O. Box 301033, Austin, TX 78703 www.austintimeexchange.org

Name _____ Date of Birth ____/____/____
Address _____ Phone _____
City, State, ZIP _____ E-Mail _____

Personal, Professional, or Volunteer References

Please list one contact you have that is already a member of ATEN. If you do not have a contact within the Austin Time Exchange Network, please provide two references.

1. Name _____ May we contact? Yes No
Relationship _____ Phone _____
2. Name _____ May we contact? Yes No
Relationship _____ Phone _____

Please indicate if you would like to earn Exchange Shares through helping ATEN in the following areas:

Posting/ Database Entry/ Tabling/ Editing/ Language Translation/ Mass Mailings
Hosting Community Events or Potlucks/ Event Planning/ Computer Help/ Other _____

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 may be contacted.
_____ I understand the ATEN may or may not conduct a background check on qualified applicants.
_____ I consent to the release of all relevant information concerning my ability to work as an ATEN member.
_____ I certify that the information given on this form is accurate to the best of my knowledge.
_____ I understand that in this program we offer neighborly services to each other. Members provide services to the best of their ability & do not guarantee their work. I will not hold the Austin Time Exchange Network or its Board of Directors responsible for any damage or injury that may occur during an exchange.

Signature _____ Date _____

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