Full Membership Application

THE NETWORK: Neighborhood Network, established by York Housing in partnership with York Hospital is a community-based network open to residents of York, Ogunquit, Wells, Kittery, S. Berwick and Eliot.

SERVICES: The Network provides services to Full Members through its corps of neighborhood volunteers, vendors and employees. All submit to a background check. For any services that cannot be provided through the corps of volunteers, the Network will assist Members in finding a qualified provider.

FEES: The monthly fee for Membership in the Network is $50 for an individual and $80 for a two-person household. A sliding scale fee structure based on income is available for those who qualify. If you would like to be considered for a sliding scale rate, please contact the Neighborhood Network office.

Membership runs for a 12-month period commencing from the date on which the Network officially accepts this executed agreement and appropriate payment. The annual fee may be increased from time to time. Annual Membership may be renewed subject to agreement of the Member(s) and Neighborhood Network. Membership fees cover referral services only.

TERMINATION OF AGREEMENT: The Network reserves the right, in its sole discretion, to terminate this agreement at any time if the Network determines that it is in the best interest of the Network. If the Network 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 thirty days' written notice to the Network.

PRIVACY: The Network will take all reasonable steps to protect the personal information of its Members. However, where concerns regarding a Member's health or safety arise, the Network reserves the right to contact the individual(s) listed as non-member contacts or other appropriate people, as determined by the Network. In addition, to connect a Member with a third-party vendor at the Member's request, the Network may disclose contact and other relevant information.

WAIVER OF LIABILITY: As a Full Member of Neighborhood Network, I understand that the Network is not affiliated with the third party vendors it may recommend, and I release Neighborhood Network from all responsibility or liability stemming from the conduct of third party providers. I further indemnify and agree to hold the Network harmless for any loss, expense or liability arising out of the activities of its volunteers or pre-vetted workers 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 Full Member of Neighborhood Network, I understand that the Network is not a provider of emergency services or health-care service, 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 Neighborhood Network.

PERSONAL INFORMATION:

(Please list all members of household)

_____

Name Date of Birth

_____

Name Date of Birth

_____

Street Address City State Zip Code

_____

Phone Number Cell Phone E-mail Address

OPTIONAL NON-MEMBER TO CONTACT ON MY/OUR BEHALF:

_____

Name Relationship

_____

Street Address City State Zip Code

_____

Phone Number Cell Phone E-mail Address

I certify that I have read and understand this Membership Application and wish to become a Full Member of Village Network under the terms of this agreement.

_____	_____
Name	Name (if household)
_____	_____
Signature	Signature (if household)
_____	_____
Date	Date (if household)

Please mail to Neighborhood Network, 4 Pine Grove Lane, York, Maine 03909 or email to neighborhoodnetwork@yorkhousing.info.