



We ask that you take your commitment to the program seriously. When contacted by a member to do a service, please make every effort to cooperate with them and maintain prompt communication. Negotiating time credit or hour amounts for a service or declining an exchange for valid reasons are acceptable actions. However, we ask that all contact you have with fellow members reflect our core values: respect, reciprocity, and equality.

**Agreement to Participate
at My Own Risk and Hold Hour Nevada County Harmless**

As a member of Hour Nevada County, I understand that HNC does not guarantee or warrant the fitness, safety, or the quality of work for any of its members.

As a member of HNC I agree to:

- Undertake and request neighborly acts of kindness, caring, and assistance with other members of HNC;
- Assume the risk of injury, harm, or damage in connection with my providing or receiving HNC services
- Hold HNC harmless from any and all liability, actions, claims, and damages of any kind, including those caused by or arising from negligence, for injury to person or property;

As such, I will try to the best of my ability to:

- Respond to a member's request of services within 48 hours;
- Be polite and helpful, but clear about the amount of the services I can provide;
- Perform quality services to the best of my ability;
- Perform my services in a safe and careful manner.

As a member of HNC, I consent to the following actions:

- That HNC may release relevant information concerning my ability and fitness to work as an HNC member to those seeking to utilize my services. As a member of HNC I agree to one of the following (please check one):

I have watched the HNC orientation and software guide video online and fully understand the mission and practices of the organization.

I have attended an in-person HNC orientation and fully understand the mission and practices of the organization.

Although HNC does not charge a fee, a \$25.00 annual donation is appreciated to cover administrative costs. If you are able, we also ask that you consider giving an additional \$25.00 to sponsor a member who is not able to make their annual donation.

Finally, in addition to your cash donation, we ask that our members pay it forward by donating 30 minutes to the HNC member who referred you to us! This keeps our organization growing and allows members to recruit other members.

By signing below, I certify that I have read this document carefully, that I understand its terms, and recognize that it constitutes a waiver of legal rights, enforceable to the extent allowed by law.

Signature: _____ Date: _____

Name: _____

Welcome to Hour Nevada County!

By collecting demographics we are able to better serve our community as well as give value to our good deeds; demonstrating the essential metrics of a healthy community. This information is kept completely confidential and assures HNC is in compliance with federal standards so we can demonstrate which populations we serve. If you have any questions, please ask!

Name:

Date of Birth:

Please check one:

Female Male Transgender

Please check all that apply:

----Asian American

White/Caucasian

Latino/Hispanic

Native American

Black?African-American

South Pacific Islander

Middle Eastern

Middle Eastern

Mixed

Other (please specify) _____

Please check all that apply:

I have minor children (under 18)

I have adult children (over 18)

I don't have any children

I am a single parent

I am married

I am a minor

How many children under 18 currently reside in your household? _____

How many people in your household are financially supported by you (including yourself)? _____

Household Yearly Income (please check one):

less than \$11,000

\$11,000-\$14,999

\$15,000-\$19,999

\$20,000-\$29,999

\$30,000-\$39,999

\$40,000-\$49,999

\$50,000-\$59,000

\$60,000-\$69,999

\$70,000-\$79,999

\$80,000-\$89,999

\$90,000-\$99,999

\$100,000- and over

Date:

Employment status (check all that apply):

Full-time

Part-time

Self-employed

Unemployed

Retired

Student, full time

Student, part time

Level of Education:

11th grade or lower

High School?GED

Some college

Associate's Degree

Bachelor's Degree

Master's Degree

Doctorate

Military Service

Complimentary/Alternative

Licensed Health Care Professional

Mainstream/Allopathic Licensed

Health Care Professional

Other (please specify) _____

Please check all that apply:

I have my own car

I have access to a vehicle I can drive

I walk

I ride a bike

I ride the bus

Other (please specify) _____

Do you identify yourself as having a disability?

Yes

No

Do you currently have health insurance?

Yes

No

Do you have access to a computer?

Yes

No

PLEASE include with your HNC Application