

RVSAH MEMBERSHIP AGREEMENT

River Valley Seniors at Home (RVSAH) connects members with resources and services so they can lead active, happy, healthy lives at home. It is a neighbor-helping-neighbor group of caring, motivated volunteers and professionals ready and willing to make living at home possible.

All information you provide is confidential and will be used only for the purposes of best serving your interests as a member of RVSAH.

About You:

Last Name: _____ First Name: _____ Date of Birth _____

Local Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____

Mailing Address: _____

Primary Care Physician: _____ Phone: (____) _____ - _____

Additional Household Member (If Applicable):

Last Name: _____ First Name: _____ Date of Birth _____

Cell Phone: (____) _____ - _____ Email Address: _____

Primary Care Physician: _____ Phone: (____) _____ - _____

Emergency Contact Information:

Full Name: _____ Relationship: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

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Email Address: _____

Home Address: _____

Your Needs and Interests:

Do you have any special needs or health issues we need to be aware of (e.g. walker, cane, oxygen, wheelchair)?

Members are invited to use all services, but please indicate which you think you might use most:

_____ Phone calls to check on well-being _____ Companion visits _____ Respite
_____ Shopping/errands _____ Social events _____ Pharmacy pick-ups
_____ Minor yard work _____ Transportation _____ Contractor recommendations
_____ Minor house repairs _____ Home organization Other _____

Waiver of Liability

As a member of RCSAH, I understand that RVSAH is not affiliated with the third-party vendors it may recommend. I release RVSAH and its employees and volunteers from all responsibility or liability stemming from the conduct of third-party providers. I understand that RVSAH is not a provider of emergency or health-care services, is not a health-care provider, and does not employ licensed health professionals or social workers. This Agreement is not meant to create any special relationship or duty requiring RVSAH to aid or protect its members. I further agree to release RVSAH, its employees, and volunteers for any loss, expense or other liability arising out of the activities of RVSAH, including but not limited to personal injury, property damage, or invasion of privacy.

Type of Membership:	Annual Dues	Please make checks payable to: River Valley Seniors at Home 82 North Rd. Walpole, NH 03608
<input type="checkbox"/> 6 mo. Pilot Program	\$100.00	
<input type="checkbox"/> Individual	\$400.00	
<input type="checkbox"/> Household	\$600.00	

Signature: _____

Signature: _____ Date: _____