



MEMBERSHIP APPLICATION

APPLICATION INSTRUCTIONS

Thank you for your interest in joining Silver Spring Village! As a first step, please fill out this application as completely as possible. You may find the questions in Part VII to be somewhat personal. Responses to those questions are optional, but they help us better understand and convey to funders how well the Village reflects the diversity of the broader community in which it operates. This information is shared only in non-identifiable aggregate form.

You may mail your completed application to Silver Spring Village, 8700 Georgia Avenue, Suite 306, Silver Spring, MD 20910. If you complete this application electronically, you may email it as a PDF attachment to membership@silverspringvillage.org.

A Village staff member or volunteer will respond to your application as quickly as possible. If you are requesting a Full Membership (see the “Membership Types” section below), we will contact you to set up an appointment for a visit at your home prior to finalizing your membership. The visit helps us better understand your needs and desires and gives you the opportunity to ask questions and make your first social contacts with experienced villagers.

MEMBERSHIP TYPES

Associate Membership includes unlimited access to the Village’s social, educational, recreational, and cultural events; a discount card for use with local merchants; an information service about community resources for older adults; access to the Village’s listserv; an optional online subscription to *Washington Consumers’ CHECKBOOK*; and optional membership in SkyPoint Federal Credit Union. Associate Membership is available to residents of any zip code.

Full Membership includes all the benefits listed above, plus unlimited access to volunteer-provided services. While we are unable to guarantee the availability of any service, we are generally able to fulfill about 90% of all requests. Full membership is available only to residents of zip code 20815 east of Rock Creek Park, all of zip code 20901, zip code 20902 east of Wheaton Regional Park (“Kemp Mill”), and all of zip code 20910.

Trial Membership is available only at the associate level and includes all those benefits for three months are no up-front cost. After the trial period, you may choose to convert to a regular paid associate membership or upgrade to a full membership at the normal annual rates, or to discontinue your membership completely.

ANNUAL MEMBERSHIP FEES

Associate Membership: \$180 (individual) or \$295 (couple) Full Membership: \$380 (individual) or \$495 (couple) Note that “couple” refers to any two people living in the same household. For associate members, full payment of the annual fee is due at the time of application. For full members, payment is due following completion of the home visit.

If membership fees are prohibitive and you meet certain income and assets limitations, you may qualify for a reduced-fee membership. A reduced-fee application is available upon request from the Village’s executive director by emailing doug.gaddis@silverspringvillage.org or by calling 240.833.5582.

QUESTIONS? Call 240.833.5580 or email membership@silverspringvillage.org

Part I: MEMBERSHIP TYPE

Associate Individual

Associate Couple

Full Individual

Full Couple

Trial Individual

Trial Couple

Part II: MEMBER INFORMATION

Full Name: _____

Preferred Name/Nickname: _____

Home Address: _____

Email: _____

Home Phone: _____

Mobile Phone: _____

Birthdate & Year: _____

Current Employment Status: Full-Time Part-Time Retired

Career/Profession: _____

Do you drive? Yes No

Usual Transportation: Car (Drive Myself) Metro/Bus
 Car (Other Driver) Taxi/Rideshare

Do you have internet access? Yes No

Do you use the internet regularly? Yes No

Do you use any of the following?

Facebook Yes No

Instagram Yes No

LinkedIn Yes No

Twitter Yes No

Nextdoor Yes No

Neighborhood Listserv Yes No

Other: _____

Interests, hobbies, or special skills: _____

I want to learn more about Village volunteering opportunities:

- | | | | |
|-------------------------------|------------------------------|-----------------------------|--------------------------------|
| Transportation Driver | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Friendly Caller/Visitor | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Errand Runner | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Technology Coach | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Household Task Helper | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Basic Home Maintenance/Repair | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Storm Readiness Buddy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Gardening/Yardwork | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Short-Term Pet/Plant Care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Cooking/Delivering Meals | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Medical Notetaking | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Decluttering | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Village Office Tasks | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Neighborhood Ambassador | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Social Media Ambassador | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Programs/Activities Committee | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Membership Committee | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Fundraising Committee | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Volunteer Committee | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Board of Directors | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
| Other: | _____ | | |

Applicants for an INDIVIDUAL membership may skip to Part IV. Applicants for a COUPLE membership should continue to Part III.

Part III: SECOND MEMBER INFORMATION (if applying for a COUPLE membership)

Full Name: _____

Preferred Name/Nickname: _____

Home Address: _____

Email: _____

Home Phone: _____

Mobile Phone: _____

Birthdate & Year: _____

Current Employment Status: Full-Time Part-Time Retired

Career/Profession: _____

Do you drive? Yes No

Usual Transportation: Car (Drive Myself) Metro/Bus
 Car (Other Driver) Taxi/Rideshare

Do you have internet access? Yes No

Do you use the internet regularly? Yes No

Do you use any of the following?

Facebook Yes No
Instagram Yes No
LinkedIn Yes No
Twitter Yes No
Nextdoor Yes No
Neighborhood Listserv Yes No

Other: _____

Interests, hobbies, or special skills: _____

I want to learn more about Village volunteer opportunities:

Transportation Driver	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Friendly Caller/Visitor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Errand Runner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Technology Coach	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Household Task Helper	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Basic Home Maintenance/Repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Storm Readiness Buddy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Gardening/Yardwork	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Short-Term Pet/Plant Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Cooking/Delivering Meals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Medical Notetaking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Decluttering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Village Office Tasks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Neighborhood Ambassador	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Social Media Ambassador	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Programs/Activities Committee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Membership Committee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Fundraising Committee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Volunteer Committee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe
Board of Directors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe

Other: _____

Part IV: HOUSEHOLD INFORMATION

Neighborhood Name: _____

Year Moved to Silver Spring: _____

Housing Type: Single Family Home Apartment/Condo
 Townhouse

Do you live alone? Yes No

If you live with others in your home, please provide their names and the nature of your relationship (e.g., "Barbara Smith, daughter"):

If you have pets in your home, please indicate the number and specific type (e.g., "2 cats, 1 Doberman pinscher"):

Please provide the names of at least two emergency contacts:

Emergency Contact 1: _____

Relationship to me/us: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Home Street Address: _____

City/State/Zip Code: _____

Has an emergency key to my home: Yes No

Emergency Contact 2: _____

Relationship to me/us: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Home Street Address: _____

City/State/Zip Code: _____

Has an emergency key to my home: Yes No

Emergency Contact 3: _____

Relationship to me: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Home Street Address: _____

City/State/Zip Code: _____

Has an emergency key to my home: Yes No

Part V: WASHINGTON CONSUMERS' CHECKBOOK SUBSCRIPTION

Your membership includes an optional *online only* subscription to Washington Consumers' CHECKBOOK. This resource can help you find reliable and affordable repair service, stores, healthcare, personal services, and more.

Do you wish to subscribe? Yes No

Email Address (one per household): _____

Part VI: PERMISSIONS

Permission for the following three items is optional. You may choose to grant permission to any, all, or none of them. We do recommend, however, that you agree to all three to enjoy the best Village membership experience.

PHOTO RELEASE: I grant permission to Silver Spring Village, Inc. to use my likeness, including but not limited to photographs, video recordings, and audio recordings, in both print and electronic form for Village promotional purposes. I understand that Village events occurring in public spaces carry no expectation of privacy, and that in such circumstances, my likeness may be used without my specific consent.

Member 1 Signature: _____

Member 2 Signature (if applicable): _____

Date: _____

DIRECTORY LISTING: I understand that the online Membership Directory is housed in a password-protected section of the Village's website accessible only to members, and that it is a useful tool for making new friends and maximizing the benefits of membership. I grant permission to Silver Spring Village, Inc. to include my name, address, email, and phone number(s) in the Membership Directory.

Member 1 Signature: _____

Member 2 Signature (if applicable): _____

Date: _____

INFORMATION SHARING: In the event a Village staff member notices or is notified of a marked decline in my health or living conditions, I authorize the Executive Director and/or the Director of Volunteer Services to share information with the person(s) listed below.

Person to be notified: _____

Relationship to member(s): _____

Day Phone: _____

Evening Phone: _____

Email: _____

Member 1 Signature: _____

Member 2 Signature (if applicable): _____

Date: _____

Part VII: MEMBER DEMOGRAPHICS

Responses to the following questions are optional, but the information helps us better understand and convey to funders how well the Village reflects the diversity of the broader community. Data is strictly confidential and is communicated only in aggregate form.

Member 1 Gender: Female Male Nonbinary
 Prefer Not To Answer
 Other: _____

Member 1 Pronouns: She/Her/Hers He/Him/His
 They/Them/Theirs
 Other: _____

Member 1 Race: American Indian/Alaska Native Asian
 Black/African American Multi-racial
 Native Hawaiian/Other Pacific Islander
 White Prefer Not To Answer
 Other: _____

Member 1 Ethnicity: Hispanic Hon-Hispanic
 Prefer Not To Answer

Member 2 Gender: Female Male Nonbinary
 Prefer Not To Answer
 Other: _____

Member 2 Pronouns: She/Her/Hers He/Him/His
 They/Them/Theirs
 Other: _____

Member 2 Race: American Indian/Alaska Native Asian
 Black/African American Multi-racial
 Native Hawaiian/Other Pacific Islander
 White Prefer Not To Answer
 Other: _____

Member 2 Ethnicity: Hispanic Hon-Hispanic
 Prefer Not To Answer

Member 1 Income (if applying for Individual membership):
 \$31,650 or less \$31,651—\$42,200 \$42,201—\$52,750
 \$52,751—\$66,465 \$66,466 or more Prefer Not To Answer

Member 1 AND Member 2 Income (if applying for Couple membership):
 \$36,200 or less \$36,201—\$48,240 \$48,241—\$60,300
 \$60,301—\$75,978 \$75,979 or more Prefer Not To Answer

Part VIII: MEMBERSHIP AGREEMENT

BACKGROUND: Silver Spring Village, Inc. (“the Village”) is a 501(c)(3) nonprofit corporation that enhances the quality of life for residents of Silver Spring by providing members with helpful services; social, educational, recreational, and cultural opportunities; and upon request, recommendations of third-party vendors. The Village strives to ensure the highest possible member satisfaction with the services and activities provided.

SCOPE OF SERVICES: The Village cannot guarantee the availability of volunteer services, especially those requested less than seven days in advance. The Village does not substitute for services or facilities designed to support individuals who can no longer live independently. Village volunteers may not provide personal care services such as feeding, dressing, lifting, and transferring; nor professionally licensed services such as medication administration and certain home repairs. The Village reserves the right to deny or discontinue member for an individual whose needs or expectations it is unable to fulfill.

HOME VISITS (FULL MEMBERS ONLY): In the event a potential Full Member declines a home visit or if the visit reveals circumstances that may make it unsafe for volunteers to provide certain services, the Village reserves the right to limit services as noted below.

Agreed-upon services limitations: _____

AGREEMENT: I understand the above limitation, if any, and that the Village is not liable for any injury or other damages that may occur resulting from receipt of volunteer-provided services, participation in Village-sponsored activities, or purchase or use of goods or services from any third-party vendor recommended by the Village. As a condition of membership, I, for myself, my executors, and assigns, further agree to release and forever discharge the Village, and its agents, officers, employees, and volunteers from any claim that I might have myself or that I could bring on another's behalf regarding any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of membership.

Member 1 Signature: _____

Member 2 Signature (if applicable): _____

Date: _____

Thank you for your interest in becoming a member of Silver Spring Village. We look forward to welcoming you soon!

OFFICE USE ONLY

Membership Type Approved:

- | | | |
|---|--|---|
| <input type="checkbox"/> Associate Individual | <input type="checkbox"/> Full Individual | <input type="checkbox"/> Trial Individual |
| <input type="checkbox"/> Associate Couple | <input type="checkbox"/> Full Couple | <input type="checkbox"/> Trial Couple |

Approver's Signature: _____

Date: _____