



WELCOME TO SILVER SPRING VILLAGE!

We're so glad you're considering joining our vibrant community of neighbors helping neighbors. Whether you're interested in activities, resources, social connections, or volunteer services, we have a membership option to fit your needs. Below you'll find a summary of membership types, costs, and benefits, along with simple application instructions. We look forward to welcoming you to the Village!

APPLICATION TYPES, COSTS & BENEFITS

Associate Membership

(Available to everyone, regardless of where you live)

- ✓ **\$200 per person**, payable at the time of application
- ✓ Unlimited access to social, educational, recreational, cultural, and health and wellness programs
- ✓ Discounts with local merchants
- ✓ Information on community resources for older adults
- ✓ Access to members-only listserv
- ✓ Member-curated recommendations for medical, home repair, automotive, legal, and other professionals
- ✓ Optional membership in SkyPoint Federal Credit Union

Full Membership

(Available to residents of zip codes 20815 east of Rock Creek Park, 20901, 20902 east and south of Wheaton Regional Park, and 20910)

- **\$425 for one person or \$640 for two people in the same household**, payable upon acceptance
- Includes all Associate Membership benefits **plus** unlimited volunteer-provided services
 - ✓ Absentee homeowner help
 - ✓ Emergency preparedness support
 - ✓ Errands
 - ✓ Friendly call and visits
 - ✓ Home organizing
 - ✓ Household tasks
 - ✓ Medical notetaking
 - ✓ Support teams
 - ✓ Technology help
 - ✓ Transportation

Trial Membership

(Residency requirements may apply depending on the membership type you plan to convert to after the trial)

- **No up-front cost for three months**; annual dues payable upon conversion to regular membership
- Access to all Associate or Full Membership benefits during the trial *(Note: Trial Full Members are limited to three volunteer-provided services during the trial period.)*

If membership fees are a concern, you may qualify for reduced rates based on income. To request a reduced-fee, email operations@silverspringvillage.org or call 240.833.5580 ext 2.

APPLICATION INSTRUCTIONS

Please fill out this application as fully as possible. A response is required for each question; we provide a “prefer not to answer” option for sensitive questions, but we encourage responses—they help us understand how well

our membership reflects the diversity of Silver Spring. Personal information is reported only in non-identifiable aggregate form. For household memberships, please use a **separate application form** for each person.

Submit your completed application:

Mail: Silver Spring Village
8700 Georgia Ave Ste 306
Silver Spring, MD 20910

Email: operations@silverspringvillage.org

A Village staff member or volunteer will follow up within three business days to confirm your membership or request more information. For Full Membership applications, we will also arrange a home visit before finalizing enrollment. This visit will help us understand your needs and desires, and gives you the chance to ask questions, get oriented, and start making social connections with experienced Village members.

If you have other questions, please contact us at 240.833.5580 ext 2 or operations@silverspringvillage.org.

MEMBERSHIP TYPE *If applying for a household membership (limit of two individuals), please complete a separate form for each person.*

Requested Membership Type:

<input type="checkbox"/> Associate Individual	<input type="checkbox"/> Associate Household
<input type="checkbox"/> Full Individual	<input type="checkbox"/> Full Household
<input type="checkbox"/> Trial Individual	<input type="checkbox"/> Trial Household

APPLICANT INFORMATION

Full Name: _____

Preferred Name/Nickname: _____

Street Address: _____

City, State & Zip Code: _____

Preferred Phone/Type: _____

☐ Home ☐ Mobile ☐ Work

Alternate Phone/Type: _____

☐ Home ☐ Mobile ☐ Work

Email: _____

Birthdate (Including Year): _____

Gender:

☐ Female ☐ Male ☐ Nonbinary

☐ Prefer Not To Answer

☐ Other: _____

Preferred Pronouns:

☐ She/Her ☐ He/Him ☐ They/Them

☐ Prefer Not To Answer

☐ Other: _____

Ethnicity:

☐ Hispanic ☐ Hon-Hispanic ☐ Prefer Not To Answer

Race:

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Prefer Not To Answer	
<input type="checkbox"/> Other: _____	

I identify as LGBTQ+:

☐ Yes ☐ No ☐ Prefer Not To Answer

Special Needs:

☐ None ☐ Hearing Impairment

☐ Low Vision ☐ Mobility

☐ Other: _____

Current Work Status:

☐ Full-Time ☐ Part-Time ☐ Retired

Career/Profession: _____

Hobbies/Interests/Skills: _____

Do you drive? ☐ Yes ☐ No

HOUSING INFORMATION

Housing Type: ☐ Apartment/Condo ☐ Single-Family Home/Townhouse

Living Arrangements: ☐ Alone ☐ Spouse/Partner ☐ Other

*If you live with others in your home, please provide their name(s) and relationship
(e.g., Barbara Smith, daughter)*

Pets: ☐ Yes ☐ No

If "yes," please indicate the number and type (e.g., "2 cats, 1 bulldog")

COMMUNICATIONS INFORMATION

Do you have internet access? ☐ Yes ☐ No

Do you use social media? (Check all that apply)

☐ None ☐ Facebook ☐ Instagram
☐ LinkedIn ☐ Twitter/X ☐ Nextdoor
☐ Neighborhood Listserv
☐ Other _____

Email is friendlier for the environment, less costly, and faster than sending printed materials. May we email you Village communications?

☐ Yes ☐ No ☐ Maybe

VOLUNTEER INTEREST

Are you interested in learning about volunteer opportunities at the Village?

☐ Yes ☐ No ☐ Maybe

EMERGENCY CONTACTS

Please provide the names of two emergency contacts:

Emergency Contact 1: _____

Relationship to me: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Complete Address: _____

Has a key to my home: ☐ Yes ☐ No

Emergency Contact 2: _____

Relationship to me: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Complete Address: _____

Has a key to my home: ☐ Yes ☐ No

I grant permission to the Executive Director, Director of Volunteer Services or their assigns to share information with the person(s) listed in the event they notice a marked decline in my health or living conditions.

☐ Yes ☐ No

MEMBER DIRECTORY

Do you want your CONTACT information included in the Member Directory available only to other Village members?

☐ Yes ☐ No

REFERRAL INFORMATION

**Name of the Village member
who referred you for membership
(if applicable):** _____

MEMBERSHIP AGREEMENT

Silver Spring Village (the “Village”) is a 501(c)(3) nonprofit Maryland corporation organized to sustain a robust network of neighbors-helping-neighbors that supports older adults who wish to live as independently as possible and be fully engaged in their community as they age. The Village accomplishes its mission by offering an array of social, educational, recreational, and cultural activities and third-party vendor recommendations for all members; and volunteer-provided direct services for Full Members only.

Services volunteers are vetted and trained and undergo periodic criminal background and driving history checks.

The Village does not guarantee the availability of a volunteer service at any given time, especially those requested with less than one week's notice. Volunteers do not provide personal care services or home services that typically require a licensed professional.

The Village does not employ drivers, healthcare professionals, home services professionals, or any other service provider. The Village or its members may recommend professional service providers upon request. All ensuing contractual obligations are between the contracting member and the professional service provider. The Village does not warranty the quality of any professional service provider and assumes no liability or other responsibility arising from members' use of such services.

The Village may use my likeness, including but not limited to photographs and video and audio recordings, in both print and electronic form for promotional and educational purposes. Village events occurring in public spaces carry no expectation of privacy.

The Village retains the right to deny or discontinue membership for an individual whose needs or expectations it is unable to meet. Membership fees are non-refundable except in instances when the Village opts to discontinue membership. In the event an applicant for Full Membership declines a home visit or if the visit reveals circumstances that may make it unsafe for volunteers to provide certain services, the applicant will be required to sign an addendum to this agreement stipulating any services limitations.

In exchange for an applicant's acceptance as a member by the Village, the applicant agrees to indemnify and hold harmless the Village against any and all loss, expense, and liability arising from or in any manner related to the Village's performance and that of its agents and the activities or any volunteer or professional service provider used or recommended by the Village or its members.

I have read and understand the above terms and conditions of membership and agree that I and my heirs, successors, agents, and legal representatives are bound by said terms and conditions. These terms will remain in force subsequent to any and all future membership renewals.

Member Name (Printed):

Member Signature:

Date:

OFFICE USE ONLY

Approved Membership Type:

- ☐ Associate Individual
☐ Full Individual
☐ Trial Individual

- ☐ Associate Household
☐ Full Household
☐ Trial Household

**Services Limitations Agreed Upon
Between Member & Silver Spring
Village (if applicable):**

Approver's Signature:

Date:

Member's (Members') Signature:

Date:
