



# MEMBERSHIP APPLICATION

**Village in the Ville** is a grassroots, member-based, community organization created for neighbors, by neighbors. Villages empower older adults, age 50+, to age in community by providing services, engagement, and connection. We serve the neighborhoods of Clintonville, Beechwold, and the University District (north of 11th Ave).

## Membership Descriptions

| Membership Type  | Individual Fee                   | Household Fee                    |
|--|----------------------------------|----------------------------------|
| <b>Gold Membership:</b> <ul style="list-style-type: none"> <li>• Educational and cultural activities</li> <li>• Social events and activities</li> <li>• Health &amp; Wellness activities</li> <li>• Members-only discounts and freebies</li> <li>• Staff assistance with information, research, and service coordination</li> <li>• Referrals to our vetted professional service providers</li> <li>• Volunteer help with a wide variety of tasks and activities, in and outside the home</li> <li>• Assistance with transportation</li> </ul> | \$400 annually<br>(\$34 monthly) | \$500 annually<br>(\$42 monthly) |
| <b>Silver Membership:</b> <ul style="list-style-type: none"> <li>• Educational and cultural activities</li> <li>• Social events and activities</li> <li>• Health &amp; Wellness activities</li> <li>• Members-only discounts and freebies</li> <li>• Staff assistance with information, research, and service coordination</li> </ul>  | \$200 annually<br>(\$17 monthly) | \$250 annually<br>(\$21 monthly) |
| <b>Associate Membership:</b> <ul style="list-style-type: none"> <li>• Same benefits as Silver Membership for individuals outside Village in the Ville's service area</li> </ul>  |                                  | \$200 annually<br>(\$17 monthly) |

Reduced membership fees are available for those with financial need. Please speak to the Director for additional information. You may keep this page for your reference.

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## Applicant Information:

|                                 |  |                             |           |               |            |
|---------------------------------|--|-----------------------------|-----------|---------------|------------|
| <b>Member 1: Name:</b>          |  | Date of Birth (mm/dd/yyyy): |           |               |            |
| Gender:                         |  | Ethnicity:                  |           |               |            |
| Phone Number:                   |  |                             |           |               |            |
| Email:                          |  |                             |           |               |            |
| Preferred method(s) of contact: |  | Email                       | Phone     | Text          | Mail       |
| Employment :                    |  | Full-Time                   | Part-Time | Self-Employed | Unemployed |
|                                 |  | Retired                     |           |               |            |
| <b>Member 2: Name:</b>          |  | Date of Birth:              |           |               |            |
| Gender:                         |  | Ethnicity:                  |           |               |            |
| Phone Number:                   |  |                             |           |               |            |
| Email:                          |  |                             |           |               |            |
| Preferred method(s) of contact: |  | Email                       | Phone     | Text          | Mail       |
| Employment :                    |  | Full-Time                   | Part-Time | Self-Employed | Unemployed |
|                                 |  | Retired                     |           |               |            |

## Residence Information:

|  |                        |
|--|------------------------|
| Street Address:                                    |                        |
| City:  | Zip Code:              |
| Live in your home/apartment alone?                 | Do you rent or own?    |
| Home Type:   |                        |
| How many years have you lived in the neighborhood? |                        |
| Pets?  |                        |
| Do you still drive?                                | Do you have a vehicle? |

## Village Directory:

|   |    |
|---|----|
| I am interested in being in the Village Directory. My name, phone number, and email will be available to participating members: |    |
| Yes   | No |

## Current Health:

|   |           |      |                      |                      |
|---|-----------|------|----------------------|----------------------|
| <b>Member 1:</b>                                  |           |      |                      |                      |
| Current Health:                                   | Excellent | Good | Chronic Condition    | Prefer not to answer |
| Mobility issues:                                  |           |      |                      |                      |
| Specific Needs (i.e. vision or hearing impaired): |           |      |                      |                      |
| Vaccinated:                                       | Yes       | No   | Prefer not to answer |                      |
| <b>Member 2:</b>                                  |           |      |                      |                      |
| Current Health:                                   | Excellent | Good | Chronic Condition    | Prefer not to answer |
| Mobility issues:                                  |           |      |                      |                      |
| Specific Needs (i.e. vision or hearing impaired): |           |      |                      |                      |
| Vaccinated:                                       | Yes       | No   | Prefer not to answer |                      |

## Emergency Preparedness

**Emergency Plan: please check applicable boxes for each item that applies**

|                          |  |                          |                      |
|--------------------------|--|--------------------------|----------------------|
| <input type="checkbox"/> | Has Emergency Kit  | <input type="checkbox"/> | Has evacuation plan  |
| <input type="checkbox"/> | Has Car  | <input type="checkbox"/> | Has Ability to Drive |
| <input type="checkbox"/> | Has Someone to Drive You   |                          |                      |
| <input type="checkbox"/> | Has food supplies for three days                                       |                          |                      |
| <input type="checkbox"/> | Has proper provision for medication / medical equipment (CPAP, Oxygen) |                          |                      |

**Emergency Contact 1** (preferably a resident of Columbus or Ohio)

|               |               |
|---------------|---------------|
| Full Name:    | Relationship: |
| Phone Number: |               |
| Address:      |               |

**Emergency Contact 2:**

|               |               |
|---------------|---------------|
| Full Name:    | Relationship: |
| Phone Number: |               |
| Address:      |               |

**Additional Contact Information:**

|                     |        |
|---------------------|--------|
| Physician:          | Phone: |
| Preferred Hospital: |        |

**Village Interests**

Village in the Ville wants to provide innovative programs and events. Please identify your interests so we can develop programs and events that fit your lifestyle.

| ✓ | TYPE OF ACTIVITY                   |
|---|------------------------------------|
|   | Arts/Craft                         |
|   | Books/Literature                   |
|   | Civic Engagement                   |
|   | Computers/Technology               |
|   | Concerts/Music                     |
|   | Cooking/Culinary/Dining Out        |
|   | Theater/Dance                      |
|   | Health/Wellness/Exercise           |
|   | Lecture/Discussion                 |
|   | Museums/Exhibitions                |
|   | Outdoor Recreation                 |
|   | Travel                             |
|   | Intergenerational Activities       |
|   | Other Activities (please specify): |

### Additional Information:

|   |
|---|
| Are you currently receiving any home support services? (Senior Options, Passport, home health aid, etc.)? |
| If you answered yes, please specify services:   |
| Are you a veteran?  |
| Are you enrolled in another CRC Program?  |
| Are you interested in becoming a Village in the Ville volunteer?  |

### Volunteer Needs:

Village in the Ville wants to provide services and resources that meet your current and future needs. Please check all that apply.

|   |   |
|---|---|
| ✓ | <b>Village Volunteer Needs</b>                      |
|   | Driving and Transportation                          |
|   | Companionship                                       |
|   | Gardening/Yard Care/Lawn Mowing/Weeding/Leaf Raking |
|   | Snow Removal  |
|   | Housekeeping  |
|   | Legal Assistance                                    |
|   | Grocery/M meal Delivery                             |
|   | Home Maintenance and Repair                         |
|   | Personal Finance Management                         |
|   | Pet Care/Walking                                    |
|   | Health Advocacy/Assistance                          |
|   | Technology Assistance                               |
|   | Other Needs (please specify):                       |

## Reasons for Joining:

|  |
|--|
| Additional Reasons you are joining Village in the Ville. |
| How did you hear about the Village in the Ville?         |

## Village Membership and Billing Agreement:

Please indicate the type of membership you are choosing.

|   |                          |   |                        |
|---|--------------------------|---|------------------------|
| ✓ | <b>Silver Membership</b> | ✓ | <b>Gold Membership</b> |
|   | Individual (\$200)       |   | Individual (\$400)     |
|   | Household (\$250)        |   | Household (\$500)      |

## Payment Information:

Village membership fees may be paid via check or credit card. Please make checks out to Clintonville-Beechwold Community Resources Center. For Credit Card payments, please complete the card information below and submit along with the application.

|  |
|--|
| <b>Payment Frequency:</b> YEARLY MONTHLY                                   |
| <b>Payment Method:</b> CASH CHECK CREDIT CARD                              |
| <b>Card Type:</b> VISA      MASTERCARD      DISCOVER      AMERICAN EXPRESS |
| Credit Card Information  |
| <b>Name on Card:</b>   |
| <b>Number:</b>   |
| <b>Date of Expiration:</b>   |
| <b>Security Code:</b>  |
| <b>Signature of Card Holder:</b>   |

**Fill out below ONLY if payee is different than member:**

|   |                                 |
|---|---------------------------------|
| Payee Name:                                     |                                 |
| Phone Number:                                   |                                 |
| Email:  |                                 |
| Preferred method(s) of contact (please circle): | Email      Phone      Text Mail |
| Relationship to Member(s):                      |                                 |
| Street Address:                                 |                                 |
| City:   | Zip Code:                       |

### **Member Agreement:**

I affirm the accuracy of the information provided on this form. I recognize the need for an annual renewal and Village evaluation, including updating of critical information, plus payment of an annual fee. I grant Village in the Ville's permission to contact the above specified emergency contact. Having read the above and additional documents carefully, I am pleased to become a Member of Village in the Ville. Please see Member Handbook for additional explanation of benefits, member bill of rights, and member confidentiality agreement.

|                             |       |
|-----------------------------|-------|
| Signature of Member:        | Date: |
| Signature of Member:        | Date: |
| Signature of Village Staff: | Date: |

### **Completed Applications:**

Completed Applications may be returned by mail, email, or in person. Hard-copy applications may be mailed or delivered to Clintonville-Beechwald Community Resources Center at 3222 North High St. Electronic copies may be emailed to [Phoebe.Allebach@clintonvillecrc.org](mailto:Phoebe.Allebach@clintonvillecrc.org). Please be sure to include signatures on all copies.

Once an application is received by the Village office, a Village staff member will be in touch by phone or email to confirm its receipt.

If you have any questions you may contact Phoebe Allebach at 614-404-1521.