



## WELCOME TO TRAIL OF JOHNSON COUNTY!

This form should be used when applying for a **Full Membership**. In addition to providing your contact and payment information, we ask that you designate a “primary” member to receive certain communications if you are applying for a household membership (two people). This will help avoid duplicate mailings, renewals, event registrations, etc. Please sign and date the Confidentiality Statement and Membership Agreement on pages 5-6, and return the completed form to the address below. In addition, we ask that you review our Non-Response Policy on page 7 and fill out the Non-Response Form that follows. If you have any questions about TRAIL membership or need assistance with this form, please call our office at (319)-800- 9003. TRAIL of Johnson County / 28 South Linn Street, Room 301/ Iowa City, IA 52240

[info@trailofjohnsoncounty.org](mailto:info@trailofjohnsoncounty.org) / [www.trailofjohnsoncounty.org](http://www.trailofjohnsoncounty.org)

### PRIMARY MEMBER

|                                                                                             |                |                                                                                 |                 |
|---------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------|-----------------|
| Dr. Mr.<br>Mrs.Ms.                                                                          | Your Last Name | First Name                                                                      | Middle          |
| Preferred Name (first name, nickname, title)                                                |                |                                                                                 | Birthdate<br>// |
| Street Address:                                                                             |                | Apt #:                                                                          |                 |
| City:                                                                                       | State:         | Zip:                                                                            |                 |
| Please share your phone number(s) and circle the <u>one</u> you prefer we use to reach you: |                |                                                                                 |                 |
| <input type="checkbox"/> Home: _____ <input type="checkbox"/> Cell: _____                   |                |                                                                                 |                 |
| Email Address:                                                                              |                | Do you check email?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                 |

### SECONDARY MEMBER (for Household Memberships)

|                                                                                            |                |                                                                                 |                 |
|--------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------|-----------------|
| Dr. Mr.<br>Mrs.Ms.                                                                         | Your Last Name | First Name                                                                      | Middle          |
| Preferred Name (first name, nickname, title)                                               |                |                                                                                 | Birthdate<br>// |
| Please share your phone number(s) and share the <u>one</u> you prefer we use to reach you: |                |                                                                                 |                 |
| <input type="checkbox"/> Home: _____ <input type="checkbox"/> Cell: _____                  |                |                                                                                 |                 |
| Email Address:                                                                             |                | Do you check email?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                 |

## PAYMENT INFORMATION\*

- Full membership for household with 1 individual \$720/year (\$60/month)
- Full membership for households of 2 or more individuals \$900/year (\$75/month)

Would you consider making a charitable donation, over and above your membership fee, to help TRAIL maintain its services and benefits, and to expand our Supported Membership Programs for income eligible households?

- Charitable donation \$ \_\_\_\_\_

I would like to make my donation:

☐ In honor of \_\_\_\_\_

☐ In memory of \_\_\_\_\_

☐ A gift notification should be sent to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

- Membership payment \$ \_\_\_\_\_

- TOTAL \$ \_\_\_\_\_

☐ Check enclosed (payable to TRAIL of Johnson County)

☐ I/we prefer to pay annually or monthly via automatic withdrawal from my bank account or credit card.  
(Please complete and sign the ACH/Credit Card Payment Authorization Form on the next page and return to TRAIL with this application form.)

☐ I/we also are interested in volunteering for TRAIL. Please contact us with more details.

How did you hear about TRAIL (friend or family member, public presentation, social media, other)?  
Please let us know: \_\_\_\_\_

*\* Are you living with limited financial resources? Ask us about our **Supported Membership Program** for low-income individuals and households.*

*Continued on next page*

## ACH/CREDIT CARD PAYMENT AUTHORIZATION FORM

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started.

**Please complete the information below:**

I \_\_\_\_\_ (print your full name) authorize TRAIL of Johnson County to (check one of the following):

☐ Debit my checking/savings account - **OR** - ☐ Charge my credit card For a

**one-time payment** of: \$ \_\_\_\_\_ - **OR** -

For a **recurring monthly payment** in the amount of \$ \_\_\_\_\_ starting on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and ending on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Billing Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Checking/Savings Account

☐ Checking ☐ Savings

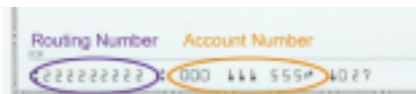
Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



### Credit Card

☐ Visa ☐ MasterCard

☐ Amex ☐ Discover

Cardholder \_\_\_\_\_

Account# \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until the date noted above or until I cancel it in writing, and I agree to notify TRAIL of Johnson County in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that TRAIL of Johnson County may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

## CONFIDENTIALITY STATEMENT

All information you provide to TRAIL will be kept confidential, except for what you choose to share in our Member Directory on the password-protected TRAIL member website. TRAIL maintains the privacy of members' personal information in accordance with applicable Iowa law. This document will be kept within a secured document storage system maintained by TRAIL staff. Confidential information will only be shared when necessary for the purposes of arranging the services and activities you and other members want and need. Such sharing will be restricted to staff, key volunteers, or providers of services, unless you direct us otherwise. Any names and phone numbers you give us will be kept confidential within the office and will only be used for emergencies. Additional information will be released only with your consent.

### I HAVE REVIEWED AND UNDERSTAND THE CONFIDENTIALITY STATEMENT.

Please initial and date: Primary User \_\_\_\_\_ Secondary User \_\_\_\_\_

## TRAIL MEMBERSHIP AGREEMENT

This Membership Agreement is between the Iowa nonprofit, *Tools and Resources for Active Independent Living of Johnson County* (hereinafter, "TRAIL"), and the Member(s) who signed and dated this Agreement below.

**1. Term of Agreement.** This Agreement shall commence on the date set forth below and shall continue until terminated by TRAIL.

**2. Payment.** Annual membership fees may be paid in full via cash, check, or credit card, or in monthly installments via credit card or automatic bank withdrawal.

**3. Membership Fees.** Membership fees are as determined from time to time by TRAIL in its sole discretion. Membership fees do not include charges by third-party providers for activities or services in which Member(s) may participate.

**4. Activities, Services, and Third Parties.** TRAIL acts on behalf of its Member(s) to identify activities and services which may benefit Member(s) and the communities in which Member(s) live. TRAIL offers such activities and services primarily through third parties.

**5. Liability and Assumption of Risk.** TRAIL does not assume any responsibility or liability, either direct or indirect, in connection with, relating to, or arising out of (i) activities or services in which Members may participate as a result of membership in TRAIL, including services provided by volunteers, or (ii) activities or services provided by any third party that is a provider to TRAIL Members. The undersigned Member(s) hereby assume all risk for participating in any such activities and/or contracting for or receiving any such services.

**6. Waiver, Release, and Indemnification.** The undersigned Member(s) hereby:

(i) Fully release and discharge TRAIL, its Members, officers, directors, employees, independent contractors, and volunteers (together, the "Released Parties") from any and all claims, demands, causes of action, administrative claims, liability, damages, claims for attorney's fees, costs, disbursements, or demands of any kind whatsoever, that Member(s) have or might have against the Released Parties, or any of them, present or future, known or unknown, anticipated or unanticipated, resulting from, arising out of, or in connection with any services or activities of, by or from any third parties, including specifically third parties who may provide or make services or activities available to TRAIL Members. This release includes, but is not limited to, potential exposure to viruses and other pathogens that may cause serious illness and/or death; and,

(ii) Agree to indemnify and hold the Released Parties, and each of them, harmless from and against any and all costs, expenses or damages (including, without limitation, attorneys' fees) resulting from, arising out of, or in connection with any and all claims brought by or through the undersigned Member(s), including but not limited to Subrogation claims by any insurance company of the undersigned Member(s).

The undersigned Member(s), acknowledge that he/she/they have carefully read the foregoing Waiver, Release, and Indemnification and understand that it has binding legal effect and is a waiver of all claims and a complete release of all liability.

**7. Photo and Media Release.** The undersigned Member(s) grant TRAIL, or anyone authorized by TRAIL, permission to use photograph(s) or given quote(s) for any purpose whatsoever and without further compensation to undersigned Members. All negatives, positives, prints, and digital image files shall constitute property of TRAIL solely and completely. Note: If you prefer your photos or quotes not be used by TRAIL, please contact our office so that our staff can update your records.

**8. Entire Agreement.** This Agreement is the entire Agreement between the parties and supersedes all other promises, representations, or understandings of any kind, whether written or oral, with respect to the undersigned Member(s) and TRAIL.

**9. Changes Only by TRAIL.** No one has the right or authority to make any changes to the terms of this Agreement, except for TRAIL’s Board of Directors acting in a meeting that has been duly called and held. The undersigned Member(s) understand TRAIL may from time to time may make changes and adopt policies that affect terms and privileges of membership.

**10. Severability.** If a court finds any term of this Agreement to be invalid, unenforceable, or void, the parties agree that the court shall modify that term to make it enforceable to the maximum extent possible. If the term cannot be modified, the parties agree that the term shall be severed, and all other terms of this Agreement shall remain in effect.

**11. No Waiver.** TRAIL will not lose or be deemed to waive its rights under this Agreement if it delays or fails to enforce such rights.

**12. Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Iowa and this Agreement is entered into in Johnson County, Iowa.

**13. Involuntary Membership Termination.** TRAIL reserves the right, in its sole discretion, to terminate this Agreement at any time if TRAIL determines it is in the best interest of the organization, its members, volunteers, or the undersigned member. If TRAIL terminates this Agreement, it will refund a portion of the annual fee paid on a prorated basis from the month of termination. TRAIL will notify the member in writing when their membership is terminated.

The undersigned Member(s), having read this Agreement carefully, fully understanding its terms, hereby agree to all terms of membership as stated herein.

\_\_\_\_\_  
SIGNATURE DATE \_\_\_\_\_ PRINT NAME

\_\_\_\_\_  
SIGNATURE DATE \_\_\_\_\_ PRINT NAME



## TRAIL Full Member Non-Response\* Policy

### Purpose:

The purpose of this policy is to specify TRAIL's actions when a volunteer arrives for an arranged member service request and the member does not respond, either by answering the door or the phone.

### Procedures:

1. TRAIL will handle non-response situations for Full members by completing the following steps:
  - The volunteer will knock/bang on the door and ring the doorbell several times if there is no answer at the door after initial attempts.
  - The volunteer will call the member home and cell phone numbers provided in the service request confirmation email.
  - If the volunteer cannot reach the member directly, the volunteer will attempt to locate the member using the **TRAIL Full Member Non-Response\* Form completed and signed by the member**. This information will be included in the service request confirmation received by the volunteer. It may include:
    - Calling a designated emergency contact
    - Calling Johnson County Dispatch at 319-356-6800 to request a *welfare check* by the police department
    - Taking no action per member's request
    - Calling 911 if it appears that an emergency situation has occurred.
  - The volunteer will communicate the Non-Response occurrence and follow-up steps taken to the TRAIL office as soon as possible. If this occurs outside of TRAIL office hours (M-F, 9:00 am – 1:00 pm), the volunteer will leave a message for office personnel.
2. TRAIL Non-Response information will be updated annually as part of the renewal process for Full members.

\*TRAIL does not provide emergency response services, nor are we a crisis management provider, but we will attempt to determine if an emergency situation has occurred and get help if necessary. See Non-Response Form on next page.

## TRAIL Full Member Non-Response Form

If I do not answer the door or the phone when a TRAIL volunteer arrives or calls for an arranged member service, I want the TRAIL volunteer to take the following action (please select **one** option from those listed below). *If you do not want any action taken, please mark the third option below.*

**NOTE – Please fill out and sign this form for each member in the household.**

### OPTION 1:

\_\_\_\_\_ I would like the TRAIL volunteer to contact the individual listed below. If you elect to have us contact a family member or friend on your behalf, please let them know you have given TRAIL their information and permission to contact them.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

What phone number should we store in our system for your emergency contact? (include area code)

\_\_\_\_\_

Email: \_\_\_\_\_

-OR

### OPTION 2:

\_\_\_\_\_ I would like the TRAIL volunteer to call Johnson County Dispatch (319-356-6800), so that a police officer can perform a **welfare check**. The police will attempt to make contact with you. If they do not sense this as an emergency, they will return later in the day to try to make contact. If it appears someone is home and it is an emergency situation, they will break into the house (with supervisor's permission) if no one answers.

-OR

### OPTION 3:

\_\_\_\_\_ I do not want TRAIL to take any additional actions (none of the above) if I do not answer the door or the phone for an arranged TRAIL service appointment.

Member name (please print):

\_\_\_\_\_

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date copy to TRAIL office

## YOUR CURRENT LIVING SITUATION

*(These questions are optional; answer only if you wish to do so.)*

1. Do you have children or other close relatives living in the area?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

2. Do you know any of your neighbors well enough to have exchanged house keys with them, watch their house when they are gone or have them watch your house?

\_\_\_\_\_ Yes\*

\_\_\_\_\_ No

\*If you answered yes, please complete this section.

Closest neighbor/friend in community:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

3. In general, would you say your health is:

\_\_\_\_\_ Excellent

\_\_\_\_\_ Very Good

\_\_\_\_\_ Good

\_\_\_\_\_ Fair

\_\_\_\_\_ Poor

5. Do you have any special needs that TRAIL or its volunteers should know about?

- Hearing impaired
- Use mobility device
- Use service animal
- Lifeline alert
- Use wheelchair
- Speech/language Issues
- Low vision
- Use/need companion support
- Dietary restrictions
- Other needs (please specify):

6. Do you currently have any services now in place, e.g., Meals on Wheels, VNA, or Elder Services? (List all that you currently use).

