



Membership Application

New Membership to join Abode Respite

Please check which box is applicable to you.

I am applying to become a member of Abode Respite. I have the mental capacity to uphold this membership agreement. If my application is approved, I will hold a membership spot and vote and make decisions with Abode Respite.

I am the legal guardian of who does not have the mental capacity to uphold this membership agreement. If this application is approved. I will hold the membership spot and vote and make decision on behalf of my dependent with Abode Respite.

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City Province Postal Code

HC #

Contact Info

Phone: Email:

This email will be used to send important Organization information including the Annual Membership Meeting. If at any time this email changes, it is your responsibility to provide written notification to Heather McCann-Smith via email aboderespite@outlook.com.

Requirements

Please list any accessibility requirements and/or important information (ie: Allergies, Important medical information etc).

In the event of a medical emergency of a member, a call will be placed to 9-1-1 and if needed, the member will be sent to the hospital with EMS. A phone call to the listed Emergency contact(s) will be placed once it is safe to do so.

Blank lines for listing requirements and emergency contact information.

Service Interest (Please Circle): General Membership Private Respite

Are you 18 years of age or older? YES NO Are you a citizen of Canada? YES NO

Are you 17 years of age and turning 18 in this current year? YES NO

Have you ever been convicted of a crime? YES NO

If yes, explain: \_\_\_\_\_

**Emergency Contacts**

Please list three Emergency Contacts.

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Liability  
*From here on Abode Respite will refer to all members including Board of Directors, Executive Director, Administrative staff, independent contractors, students, volunteers, participants, and the general membership of Abode Respite. This agreement releases Abode Respite, and Brooker Baptist Church from all liability relating to injury or accident that may occur with obtaining membership with Abode Respite and participation in the services provided by and associate with Abode Respite, and acknowledges the risks involved in participation in the services provided by and associate with Abode Respite and/or activities on the property of 269 E Belle River Rd, Kingsville ON, N0R1B0 or out in the community with Abode Respite. By signing this agreement, I agree to hold Abode Respite and Brooker Baptist Church entirely free from liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death. I release Abode Respite and Brooker Baptist Church from any financial responsibility to possible injuries incurred (listed above), regardless of the cause of the injury. I acknowledge the risk involved in participation in the services provided by and associate with Abode Respite. These include, but are not limited to stolen or damaged possessions, loss, becoming ill, injury, or death. I swear that I am participating voluntarily, and that all risks have been made clear to me. I hereby wave my rights and that of my heirs and assigns to hold Abode Respite liable for such damage, loss, injury, or death. Permission is granted to certified Abode Respite members to provide CPR and First Aid if needed.*

**Disclaimer and Signature**

I give Abode Respite consent to take my photo and use it for social media posting, and website use.

Please Initial \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge. If any of the abode information changes it is my responsibility to notify changes immediately to Abode Respite in writing.

Please Initial \_\_\_\_\_

I acknowledge that I/the member is responsible for my/their behaviour and that Abode Respite reserves the right to refuse any terminate membership if he/she proves to not meet Abode Respite's no violence policy, or impacts the participation of others members. I am signing in agreeance that I/the member is not a safety risk to other members. If my/the behaviour goes against what is stated above, the member will be required to leave

*immediately with no refund on service fee, if applicable. In the event of an emergency, 9-1-1 will be called, followed by a phone call to my/the member's emergency contact.*

*Please Initial:\_\_\_\_\_*

*If application is approved, I understand that false or misleading information in my application may result in my termination of membership.*

*There are a number of reasons why your membership may be declined and/or terminated, please refer to by-laws for any further information.*

Member

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Abode Respite

Board Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_