

Fairfax Village in the City Member Application Form



OFFICE USE ONLY

Rec# _____ Date Received _____

MAIL OR DROP OFF APPLICATION AT: City Hall, Attn: Village Coordinator, Room 316, 10455 Armstrong Street, Fairfax, VA 22030 or email village@fairfaxva.gov; Questions? Call 703.385.5738

Name _____

Street address _____

City/State/Zip _____ Subdivision or neighborhood _____

Telephone (best contact #) _____ Date of birth _____

Email address: _____ Gender _____

How did you hear about Fairfax Village in the City? _____

Emergency Contact

Name _____ Relationship _____

Street address _____ City/State/Zip _____

Telephone (best contact #) _____ Alternate phone number _____

SERVICES OF INTEREST

Fairfax Village in the City is open to all Fairfax City residents aged 55 and up and any Fairfax City resident adults with disabilities. The program is a city-supported, volunteer-driven program. All of our volunteers are vetted prior to participating in the Village. The Village will not replace existing support and services currently available to City residents through Fairfax County and nonprofits. Where appropriate, the Village may facilitate access to services and resources. Please mark below any services of interest.

- Transportation: drivers transport members to and from appointments, grocery stores, and social gatherings, and to pick up prescriptions (Our drivers are not equipped to transport wheelchairs at this time.)
- Personal connections (check-in calls, friendly visits, reading aloud)
- Yard & garden: Raking leaves, shoveling snow, or clearing branches after a storm. Assisting with planting flowers and light gardening. Not a replacement for regular landscaping/yard maintenance
- Simple home repairs
- Technology support
- Emergency pet care/walking

Please describe any medical or mobility issues currently impacting your ability to independently perform daily activities: _____

Has your doctor restricted you from specific activities? _____

What outside assistance or support is currently in place to help you in your home? (grab bars in bathroom, health aide, help from family members, walker, cane etc.) _____

Please provide any additional information that may assist the Village in providing you with services: _____

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To facilitate our mission to inform and serve members, Fairfax Village in the City maintains member home addresses, emails, telephone numbers, and emergency contact information. This information is solely to best serve our membership and will not be shared with third parties, unless required by applicable law. Please note, we maintain contact with our members through periodic communications by phone, email and USPS mail.

Participants in the Fairfax Village in the City consent to the Human Services Department's use of photograph or video taken while engaged in Village activities.

Member Release and Waiver of Liability Authorization

The consideration for this Authorization, Release and Waiver of Liability and Indemnity Agreement (hereinafter referred to as the "Agreement") is the participation as a member to receive volunteer services from Fairfax Village in the City.

I, personally and on behalf of my heirs, personal representatives, executors and assigns, HEREBY RELEASE, WAIVE, DISCHARGE, AND NOT TO SUE the City of Fairfax, its officers, elected officials, employees, and agents, individually or in an official capacity for the City (also referred to as "Releasee") from all liabilities, claims, demands, actions, damages, costs or expenses which we may have against any of the Releasees arising out of or in any way connected to participation in the Fairfax Village in the City, in any capacity, including, travel to or from the Fairfax Village in the City, for bodily injury, death or property damage suffered by me before, during, or after my participation. I understand that this release and waiver includes any claim or action based on the negligence, action or inaction of any releasee or otherwise.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while engaged in or as a result of participation in the Fairfax Village in the City, in any capacity. I expressly acknowledge and agree that participation in the Fairfax Village in the City may involve the risk of injury or property damage.

I shall defend (if directed by the City), hold harmless and indemnify the City, its officers, employees and agents, from and against all liability, loss, claims, damages, costs, attorneys' fees and expenses of whatever kind or nature which the City, its officers, employees, and agents may sustain, suffer, or incur, or be required to pay by reason of permitting me to participate as a member.

I further expressly agree that the foregoing release and waiver of liability, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Virginia or other State where a claim or action may be instituted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HEREBY CERTIFY THAT I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Member Signature _____ Date _____

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