



TimeBank Application Form



Section 1: Organization Information

Name of Organization/Business/School: _____

Street Address, City, State, Zip: _____

Contact Person: _____ Job Title: _____

Best Contact Number: (_____) - ____ - ____ Email Address: _____

Hours of Operation: _____ Number of Active Volunteers: _____

1. Which of the following best describes your organization type?

- Childcare
- Emergency Response
- Education
- Medical Care
- Senior Care
- Other: _____
(please specify)

2. Please tell us about your organization and what you do. This information is helpful for us to evaluate appropriate matches or exchanges.

3. How comfortable are members of your organization using any online meeting software (e.g.: Zoom, Microsoft Teams, Google Meet, etc.) to participate in a virtual meeting?

- Very comfortable. We use online software to participate in virtual meetings all the time.
- Comfortable. We use online software to participate in virtual meetings a couple of times, but we are still not very familiar with it.
- Uncomfortable. We have never used any online software to participate in virtual meetings.

ONLY FILL OUT THIS SECTION IF YOU ARE APPLYING FOR A SCHOOL

What grade do you teach? (Circle one or more)

6th 7th 8th 9th 10th 11th 12th

How many students are in your class?

What is your preferred meeting software?

- Google Meet
- Zoom
- Microsoft Teams
- Other: _____

What school do you work at? (Circle one or more)

Glen Cove Middle School Glen Cove High School North Shore Middle School North Shore High School

Section 2: Service Checklist (*Check off all that apply*)

Services	We can Offer	We would like to Receive
Technology		
“How to operate a tablet/ a cell phone/ Zoom” webinar	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____ (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Health and Wellness		
Virtual stretching/ Tai Chi/ yoga/ meditation classes	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____ (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies		
Virtual knitting/ crafting/ painting classes	<input type="checkbox"/>	<input type="checkbox"/>
Virtual baking/cooking classes	<input type="checkbox"/>	<input type="checkbox"/>
Participate in virtual live music event hosted by Senior Center	<input type="checkbox"/>	<input type="checkbox"/>
Virtual game/ book club (facilitator sharing their screen)	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____ (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Housing Assistance		
Provide suggestions on basic home repair solutions	<input type="checkbox"/>	<input type="checkbox"/>
Help with connecting to a trustworthy handyman via telephone, text, or online	<input type="checkbox"/>	<input type="checkbox"/>
Provide support on yard work, gardening, or basic snow removal	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____ (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Community Assistance		
Admin support for Age-Friendly Glen Cove (e.g.: attending virtual community meetings, creating surveys and lists)	<input type="checkbox"/>	<input type="checkbox"/>
Admin support for timebanking	<input type="checkbox"/>	<input type="checkbox"/>
Admin support for other organizations	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____ (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Teaching		
Tutoring/mentoring (e.g.: teaching language, finance, art...): _____ (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Test prep: (<i>circle subjects</i>) GRE Citizen GED Other _____ (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Other (additional services not included above)		
_____ (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>