



## Methow At Home Scholarship Application

*Our Mission is to support our members who want to age in place.*

**NOTE: Grants for MAH are available for those in financial need and range from 10-100% off the cost of a full yearlong membership. If you would like to be considered for a scholarship, please fill out application below.**

Please submit with this application a **letter of support** from a friend, relative, church or social service organization. Support letter should include:

1. Statement of financial need for a grant
2. Ability to use volunteer services appropriately
3. A residence and telephone number

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell: \_\_\_\_\_

1. Do you have a disability? \_\_\_\_\_

2. Do you live alone? \_\_\_\_\_

3. How much can you afford to pay for a MAH membership?

\_\_\_\_\_

## Membership Agreement

**Methow at Home:** MAH offers services and opportunities that help its members continue to live in their own homes as long as possible and be actively engaged in our community's civic and cultural life. MAH is a non-profit 501(c)(3) organization.

**Services:** Services requested by members will be provided by volunteers, at no charge, who have been vetted and have undergone a background check. MAH does not guarantee that a volunteer will be available for the service/time requested. MAH will assist members in finding a vetted service provider if the scope of the member's request cannot be met by a volunteer. The member will be responsible for hiring and paying for any non-volunteer contractor/provider services directly. ***MAH does not provide emergency or health care services.***

**Expectations:** Here are behavioral expectations of MAH members and volunteers when receiving and providing services:

- The home will be physically safe to enter
- Potentially aggressive pets will be restrained or removed
- Firearms will be appropriately secured
- Members and volunteers will interact respectfully and thoughtfully, including respecting the volunteer's time commitment. Aggressive behavior of any kind is grounds for immediate termination from MAH membership or as a volunteer.
- Members and volunteers will not be intoxicated during scheduled interactions

If any of the above expectations are violated, a member may be terminated without recourse. There may be other situations where a member is deemed to have become inappropriate for MAH membership, such as an individual who is cognitively or physically impaired to the point where they are unsafe at home even with MAH volunteer support. We will do our best to respond to each potential termination in a manner appropriate to the situation, and to refer to alternative support services. Prorated MAH fees will be returned in the case of any termination.

**Privacy:** Personal information will be protected as much as possible by MAH and its volunteers while reserving the right to contact the emergency contact people mentioned in your Membership Application should the need arise. Honoring confidentiality is a core value, however if a member appears at imminent risk to self or others, it is the volunteer's responsibility to contact MAH staff or emergency personnel immediately.

**Waiver of Liability:** Members agree to indemnify and hold MAH and its volunteers harmless for any loss, expense or liability arising out of activities resulting from this Agreement.

**Agreement in Full:** This Agreement represents the agreement in full between MAH and the undersigned Member(s).

**Membership Agreement**  
**Signature**

**As a Member of MAH, I understand that MAH is not a provider of emergency services or health care services and is not a healthcare administrator.**

First Member:

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

Print Name: \_\_\_\_\_

Second Member:

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

Print Name: \_\_\_\_\_

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

MAH annual dues: \$240 for an individual, \$360 for a two-person household.

You will receive a written response within 4 weeks stating whether you received a grant or not.

Thank you.

Revised 11.2023