



**MONROE
COMMUNITY
SENIOR CENTER**

NEW/ANNUAL RENEWAL MEMBERSHIP APPLICATION

- SILVER \$25 Individual/\$40 Family Membership**
(Basic membership, monthly newsletter, dine out coupon, discounted rate for trips , activities and rentals)
- GOLD \$55 Individual/ \$90 Family Membership** (Benefits above plus invitation to all donor events)
- \$250 Individual/\$500 Family Lifetime Membership** (Benefits above plus recognition in the annual report)

PLEASE PRINT CLEARLY

MEMBER INFORMATION

Your Name:	Spouse/Partner Name:
Date of Birth:	Date of Birth:

Home Address: _____

City: _____ State _____ Zip _____

Mailing Address (if different than home address): _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relationship _____

Home Phone: _____ Cell Phone: _____

Allergies: _____

I hereby agree to Monroe Community Senior Center's (MCSC) Code of Conduct. I release MCSC and all of its agents from any liability for an accident, injury or damage of any kind to persons or property that might occur while participating in MCSC activities. By signing below, I give MCSC permission to use my photo in newsletters and other publicity and to receive periodic emails.

Signature: _____ Date: _____

PAYMENT INFORMATION

If you would like to make a donation in addition to your membership purchase, please note it below. Membership purchases are non-refundable and non-transferable to another person.

Membership	\$	_____
Donation	\$	_____
TOTAL	\$	_____

FOR OFFICE USE ONLY	
METHOD OF PAYMENT: _____ CASH _____ CHECK _____ CREDIT CARD	
RECEIPT NUMBER: _____	
Membership Card(s) Given? _____ Dine Out Coupon(s) Given? _____	
Data Entered into Membertrak ____/____/____ Initials _____	



Monroe Community Senior Center

Volunteer Application

First Name: _____ Middle Initial: _____ Last Name: _____

M ___ F ___ Birthday: _____ Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Do you live within the city limits of Monroe?: Yes / No

How did you hear about us?: _____

Reason for Volunteering: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

Our mission at the Monroe Community Senior Center is to promote the physical, emotional, and economic well-being of older adults and to promote their participation in all aspects of community life.

Providing the variety and quality of programs, activities, and events to Seniors in our community requires the help of many volunteers. We are grateful for your willingness to participate as a volunteer.

Most popular positions at Monroe Community Senior Center: Please check as many as you are interested in.

Front Desk; AM Front Desk; PM Kitchen Helper Thrift Store Bingo

Pancake Breakfast Special Events Van Driving Yard Maintenance Other: _____

Extraordinary (Just call me for anything and I will be there!) _____

MCSC is open M-F 8-4 . Some events are held on weekends. Please mark what days and times

Monday Tuesday Wednesday Thursday Friday Weekend

Times: _____

Comments, Special Needs, & Requests: _____

For office use only:

Added to Volunteer Database:
 Yes No
Date: _____ Initials: _____
Contacted: Yes No
Date: _____ Initials: _____

I hereby release Monroe Community Senior Center and all of its agents from any liability for an accident, injury, or damage of any kind to persons or property that might occur while participating in Monroe Community Senior Center activities. All volunteers are subject to background checks. I also give permission for MCSC to use my photo in marketing publications. I have received a copy of the Code of Conduct and the Fall Protocol.

Signature: _____

Date: _____