



MONROE COMMUNITY SENIOR CENTER

MEMBERSHIP FORM

PLEASE PRINT CLEARLY

MEMBER INFORMATION

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

Home Phone: _____ Cell Phone: _____ Can we text you? Yes _____ No _____

Email Address: _____

Home Address: _____

City: _____ State _____ Zip _____ Live in Monroe City Limits? _____ Yes _____ No

Mailing Address (if different than home address): _____

City: _____ State _____ Zip _____

Allergies: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relationship _____

Home Phone: _____ Cell Phone: _____

I 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 an additional donation to your membership purchase, please note it below

WAYS TO SUPPORT MCSC

Are you interested in Monthly Giving? YES _____ NO _____

Are you interested in learning how you can give a larger gift to MCSC? _____ YES _____ NO

FOR OFFICE USE ONLY

METHOD OF PAYMENT: _____ CASH _____ CHECK _____ CREDIT CARD

RECEIPT NUMBER: _____ Membership Card(s) Given? _____

Data Entered into Data Base ____/____/____ Initials _____ Expires on ____/____/____

Supporting Member _____ **Single \$30.00** _____ **Family \$50.00**

Annual membership includes: ●receive newsletter ●discounted rate for trips, activities and rentals.

Legacy Member _____ **\$300.00**

Lifetime membership includes: ●receive newsletter ●discounted rate for trips, activities and rentals ●recognition on the legacy wall. *Your lifetime membership will keep MCSC going strong for years through our endowment fund.*

Membership \$ _____

Donation \$ _____

TOTAL \$ _____



Monroe Community Senior Center Volunteer Application

Legal Name: _____ Middle Initial: _____ Last Name: _____

Nick Name: _____ M ___ F ___ Birthday: ____/____/____

Phone Number: _____ Can we text you? Yes ___ No ___

Email: _____ Best way to contact you Text ___ Email ___ Phone ___

Address: _____

City: _____ State: _____ Zip Code: _____

Do you live within the city limits of Monroe? Yes / No Is this volunteering Court ordered? Yes / No

How did you hear about us? _____

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.

Please check as many as you are interested in.

Receptionist Kitchen Help Thrift Store Bingo Community Breakfast

Special Events Yard Maintenance Board Member 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 are you available:

Monday Tuesday Wednesday Thursday Friday Weekend

Times: _____

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. By signing below, I give MCSC permission to use my photo in newsletters and other publicity and to receive periodic emails. A copy of the Code of Conduct and Fall Protocol will be provided during volunteer training.

Signature: _____

Date: _____

Data Entered into data base ____/____/____

Initials _____

Person was contacted on ____/____/____

Initials _____

Emailed Outreach & Program coordinator Initials _____