



**MONROE
COMMUNITY
SENIOR CENTER**

Membership Form

PLEASE PRINT CLEARLY

Supporting Member -Single \$30 _____ Family \$50 _____

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

Legacy Member Single \$300 _____ Family \$500 _____

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

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: _____

Mailing Address: _____ Live in Monroe City Limits? Yes _____ No _____

City: _____ State _____ Zip _____

Allergies (in case of emergency) _____

Emergency Contact: _____ Relationship _____

Home Phone: _____ Cell Phone: _____

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 _____

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

FRONT DESK: METHOD OF PAYMENT Cash _____ Check _____ Credit Card _____

RECEIPT NUMBER _____ **Membership Card (s) & Breakfast Coupon given?** _____

STAFF ONLY: Date entered on: _____ **Initials:** _____ **Expires on:** _____

Annual Renewal

Initial if everything is the same, if something has changed complete a new form

Member Initials

2021 _____ 2022 _____ 2023 _____ 2024 _____ 2025 _____

Receipt #

2021 _____ 2022 _____ 2023 _____ 2024 _____ 2025 _____

Give new membership card for current year

Data entered in to system (initials)

2021 _____ 2022 _____ 2023 _____ 2024 _____ 2025 _____



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 _____