



**MONROE  
COMMUNITY  
SENIOR CENTER**

# Membership Form

**PLEASE PRINT CLEARLY**

**Annual Supporting Member- Individual \$30 \_\_\_\_\_ Family \$50 \_\_\_\_\_**

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

**Legacy Lifetime Member- Individual \$300 \_\_\_\_\_ Family \$500 \_\_\_\_\_**

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

**Membership \$ \_\_\_\_\_ Donation \$ \_\_\_\_\_ Total \$ \_\_\_\_\_**

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ May we text you? Yes \_\_\_ No \_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Reside in Monroe City Limits? Yes \_\_\_ No \_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Allergies: (in case of emergency) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Home Phone: \_\_\_\_\_ Emergency Cell Phone: \_\_\_\_\_

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 and initialing below, I give MCSC permission to use my photo in newsletters and other publicity and to receive periodic emails.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Member to initial and date if all contact info is current. If any info is incorrect, please complete a new form.**

<u>RENEWALS</u>	2021	2022	2023	2024	2025
Initials:	_____	_____	_____	_____	_____
Date:	_____	_____	_____	_____	_____
Would you like to include a donation?	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

<u>FOR OFFICE USE ONLY</u>	2021	2022	2023	2024	2025
Receipt Number:	_____	_____	_____	_____	_____
Membership card given?	_____	_____	_____	_____	_____
Membership expiration:	_____	_____	_____	_____	_____
Info updated in Breeze?	_____	_____	_____	_____	_____

Check-in call dates: \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_ \*



# Monroe Community Senior Center Volunteer Application

Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ M \_\_\_ F \_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Phone Number: \_\_\_\_\_ May we text you? Yes / No

Email: \_\_\_\_\_ Best way to contact you: Text \_\_\_ Email \_\_\_ Phone \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you reside in Monroe City Limits? 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)

Please mark the days and times are you available to volunteer:

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: \_\_\_\_\_

### OFFICE USE ONLY:

Date entered into Breeze: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Initials: \_\_\_\_\_

Applicant was contacted on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Initials: \_\_\_\_\_

Emailed Program Manager: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Initials: \_\_\_\_\_