



# 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     Class Instructor  
 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:

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

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

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