



**MONROE
COMMUNITY
SENIOR CENTER**

Membership Form

PLEASE PRINT CLEARLY

Annual Supporting Member- Individual \$30 _____ Family \$50 _____

Annual membership includes: ● newsletter mailed to you
● discounted rate for trips, activities, classes and rentals.

Legacy Lifetime Member- Individual \$300 _____ Family \$500 _____

Lifetime membership includes: ● newsletter mailed to you
● discounted rate for trips, activities, classes 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 Name: _____ Middle Initial: _____ Last Name: _____

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

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

Email: _____

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.

- Front Desk Kitchen Help Thrift Store Bingo Class Instructor Special Events
 Yard Maintenance Board Member Sponsorship Extraordinary (call me for anything & I'll be there)
 Other _____

Please mark preferred 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:

Background Check Completed: _____/_____/_____ Initials: _____

Data entered into Breeze: _____/_____/_____ Initials: _____

Applicant was contacted on: _____/_____/_____ Initials: _____

Emailed Program Manager: _____/_____/_____ Initials: _____