



Monroe Community Senior Center Volunteer Application

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

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

Phone Number: _____

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 Committee Member Sponsorship Extraordinary (call me for anything)
 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.

Signature: _____ Date: _____

OFFICE USE ONLY:

Background Check Completed: ____/____/____

Initials: _____

Data entered into Breeze: ____/____/____

Initials: _____

Applicant was contacted on: ____/____/____

Initials: _____