



Monroe Community Senior Center Volunteer Application

Legal Full Name: _____

Nickname: _____ Male ☐ Female ☐ Birthdate: ____/____/____

Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Are you a current MCSC Member? **Yes / No** Is this volunteering court ordered? **Yes / No**

How did you hear about us? _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Our mission at the Monroe Community Senior Center is to support the journey of aging by enriching the lives of older adults through social connection, recreation, wellness, lifelong learning and community engagement.
We are grateful for your willingness to participate as a volunteer.

Please select all volunteer opportunities that interest you.

- ☐ Front Desk ☐ Kitchen Help ☐ Thrift Store ☐ Bingo ☐ Yard Maintenance ☐ Special Events
☐ Committee ☐ Library ☐ Office ☐ General Cleaning ☐ Call me for anything ☐ Other
☐ Class Instructor _____

By signing below, I release Monroe Community Senior Center (MCSC) and its agents from liability for any accident, injury or damage to persons or property that may occur while I participate in MCSC activities. I understand that all volunteers are subject to background checks and I authorize and consent to MCSC conducting a background check as part of the volunteer application process. I also authorize MCSC to use my photograph in newsletters and other publicity materials and agree to receive periodic emails and texts.

Signature: _____ Date: _____

OFFICE USE ONLY:

Background Check Completed: ____/____/____

Initials: _____

Data entered into Breeze: ____/____/____

Initials: _____

Applicant was contacted on: ____/____/____

Initials: _____