MSC VOLUNTEER FORM

Please Print

Name (First, Last): _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____ Email: _____

Cell Phone: _____ Home Phone/Other: _____

Ethnic Group: *(This information is used for grant funding.)*

_____ Caucasian _____ Native American/Alaskan Native _____ African American

_____ Hispanic _____ Asian, Pacific Islander _____ Other

Emergency Contact Name: _____

Emergency Contact's Phone Number(s): _____

Employment Experience: _____

_____

Special Skills/Languages: _____

_____

Check any of the following volunteer opportunities at MSC that you would like to help with or learn more about:

_____ Greeter _____ Thrift Store _____ Library _____ Fitness Center _____ Lunch Ticket Sales

_____ Birthday Party Set Up _____ Birthday Party Clean Up _____ Special Events/Fundraisers

_____ Handyman/Maintenance _____ Cafe/Kitchen _____ Janitorial _____ Crafts Assistant

_____ Decorating

Days & Hours you are available:

Mon_____ Tues _____ Weds _____ Thurs _____ Fri _____

Would you like to be included in our special call list? Please Circle: Yes or No

I understand that if I use my personal automobile to and from the Milford Senior Center, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the State. I also understand that a background check may be required.

Signature of Volunteer _____ ***Date*** _____

MSC Director or Designee Signature _____ ***Date:*** _____

cc as required: Exec Director Café Mgr Housekeeping Mgr Outreach Coordinator Other