

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