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MASON COUNTY SENIOR ACTIVITIES ASSOCIATION



190 W. Sentry Dr. Shelton, Washington 98584
Phone: 360-426-7374 INFO@mcsac.net



Membership Application and Agreement

Annual Dues are \$50 per person and non-refundable. Membership is for those 50 or better, however, spouses of a 50+ member, that are not yet 50, may join as an Associate (non voting) member.

Make checks payable to M.C.S.A.A. (Mason County Senior Activities Association)

Please, PRINT all information CLEARLY

FIRST NAME: _____ MIDDLE _____

LAST NAME _____ PREFERRED NAME _____

DATE OF BIRTH: ____ / ____ / ____ PHONE: ____ . ____ . ____ CELL ____ - ____ - ____

EMAIL ADDRESS _____ @ _____

MAILING ADDRESS: _____, _____, _____, zip _____

Circle One: Mailed Newsletter Emailed Newsletter No Newsletter

Emergency Contact: Name: _____ Relationship _____

Phone #: ____ . ____ . ____ Cell ____ . ____ . ____

Ethnicity Circle One Caucasian African American/Black Hispanic/Latino Asian
Middle Eastern Pacific Islander Native American/Alaskan Other

Gender: Circle One Male Female Prefer not to answer/Other

Hold Harmless Agreement: I freely and knowingly assume the risks inherent in my participation in all activities, including all classes, travel and volunteer duties. I do hereby agree to indemnify, release, and hold Mason County Senior Activities Association, a WA non-profit corporation, doing business as Mason County Senior Activities Center & Nifty Thrifty, its employees, volunteers, officers, board members and other persons or organizations harmless from and against any and all liability for any injury, loss of property, damages, or death, which may be suffered by me, or my Guests, arising out of, or in any way connected with volunteering or participating in any activities at the Center, Center sponsored activities at other locations, or while traveling with the Center, in the Center's bus or under its auspices. Specifically, I understand that Mason County Senior Activities Association provides no medical insurance, and that I am responsible for the cost of treatment for any injury to me or my Guests.

Furthermore, I acknowledge that I am being strongly advised to consult a licensed physician prior to my participation in the activities that I have chosen, to determine their suitability and safety given my current medical condition. In addition, I acknowledge that MSCAA is not responsible for reminding me of activities that I have signed up for.

Photos/Video/Audio Release: I am aware that the Center activities are occasionally photographed by Center representatives the media and others, and that still photos, and/or audio and video recordings may be made to help promote the Center's non-profit mission, and fundraising efforts. I hereby give my permission for me to be photographed and recorded while participating in Mason County Senior Activities Association activities.

Signature _____ DATE: ____ / ____ / 20__

Last Name, First

Member #

New Member

Renewal

Key Tag X

Contacted

WSP Check Completed

Volunteers are the Heart and Soul of our Center.

If you would like to volunteer your talents to our organization, please check those areas where you would like to help below.

Volunteer Questionnaire

Activities of Interest or Skills You Possess– Please check all that apply & fill in any blanks that apply

- | | |
|---|---|
| <input type="checkbox"/> Teach _____ Class (fill in your skill) | <input type="checkbox"/> Building Maintenance Skills _____ |
| <input type="checkbox"/> Newsletter Editing | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Newsletter Distribution | <input type="checkbox"/> Trip Driver (must have clean driving record) |
| <input type="checkbox"/> Newsletter Mailing Preparation | <input type="checkbox"/> Decoration Committee |
| <input type="checkbox"/> Receptionist (must be computer literate) | <input type="checkbox"/> Bingo Caller |
| <input type="checkbox"/> Host (make coffee, sanitize tables) | <input type="checkbox"/> Super Special Skill _____ |
| <input type="checkbox"/> Organizer (cupboards, rooms) | |
| <input type="checkbox"/> Photographer | |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Your Ideas: _____ |
| <input type="checkbox"/> Gift Shop Artist (items made to sell) | _____ |
| <input type="checkbox"/> Party Planning | _____ |
| <input type="checkbox"/> Special Events/Fundraiser Organizer | _____ |
| <input type="checkbox"/> Special Events Kitchen Help | _____ |
| <input type="checkbox"/> Special Events Decorate/Set | _____ |
| <input type="checkbox"/> Provide Entertainment | |
| <input type="checkbox"/> Kitchen Volunteer | |

I hereby authorize a background check to be done by the W.S.P. Watch for the purpose of working with vulnerable adults and our insurance. This is required for any and all positions.

Signature _____ DATE: ____ / ____ / 20 ____

Phone # _____

Print Name: _____ DOB: ____ / ____ / ____

Any other names used?

Additional information we might find useful? _____

Office Use Only: _____

Last Name, First _____ Member # _____ New Member Renewal Key Tag X _____