



1234 Ingleside Avenue, McLean, VA 22101
703-790-0123 ~ Fax: 703-556-0547
www.mcleancenter.org

MCC VOLUNTEER APPLICATION

Please note that due to the large number of volunteer applications we receive you will not be contacted unless your services are needed for a particular event, this is especially important for student volunteers seeking community service hours. We have sporadic need for large groups of students, but in the colder months as our events move indoors that need diminishes. The clearinghouse for all volunteer services throughout Fairfax County is http://www.volunteerfairfax.org.

PLEASE PRINT

NAME: First Last

ADDRESS: Street City State Zip

PHONE: (Work) (Home) (Cell)

E-MAIL:

*Email is used to communicate information about your volunteer position. If you are a student and you do not have an email address please provide a parent's email.

ADULT (21 and over)

YOUTH (AGE:) This information IS required. COMMUNITY SERVICE NEEDED YES NO

VOLUNTEER CODE OF CONDUCT:

As a Volunteer for the McLean Community Center, I agree to the following. Please initial here if you agree

- I will arrive at my assigned time. If I am unable to do this, I will call 703-790-0123 and notify the Volunteer Coordinator.
I will remain at my post until my shift has ended. If I am unable to do this, I will speak with the volunteer coordinator on duty.
I will perform my duties as assigned. If I have questions about what I am to do, I will ask the volunteer coordinator on duty.
I will refer patrons to an MCC staff person on duty when questions arise that are not directly related to my assignment.
I will be courteous and respectful of all event attendees, staff and other volunteers.
I will enjoy helping my community!

CHECK THE EVENT(S) and SHIFT(S) YOU WOULD LIKE TO VOLUNTEER FOR. You will then be contacted about what positions are available for that event/shift.

- Jewelry Showcase - 1st weekend in February
Morning (11am - 1pm)
Afternoon (1pm - 5pm)
Garage Sale - 1st weekend in April
Morning (7:30am - 9:30am)
McLean Day Street Team - 3rd Saturday in May
Setup (6:45am - 10:30am)
Morning (11am - 1pm)
Afternoon (1pm - 5pm)
Teardown (5pm - 7pm)
July 4th Celebration - July 4th (Rain date: July 5th)
6:00pm - 8:00pm
8:00pm - 10:00pm
Flea Market - 2nd weekend in September
Morning (7:30am - 9:30am)
Pet Expo - 3rd weekend in October
Morning (11am - 1pm)
Afternoon (1pm - 5pm)
Antique Show - 2nd weekend in November (2 day event)
Saturday Sunday
Morning (11am - 1pm) Afternoon (1pm - 5pm)
Holiday Crafts Show - 1st weekend in December (3 day event)
Friday Saturday Sunday
Morning (11am - 1pm) Afternoon (1pm - 5pm)
Usher - Alden Theatre (Adult only)

All information collected will be kept private and confidential. The McLean Community Center does not rent out or sell this information. Email sent will pertain only to the MCC and its events. You may at any time ask to be removed from our email or mailing list.



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EMERGENCY CONTACT INFORMATION

Required (by Fairfax County) for ALL Volunteers

If you already have this information on file with the MCC then you do not need to fill this out again.

Emergency Contacts:

1) Name: _____ Relationship: _____

Phone numbers: (Day) _____ (Eve) _____ (Cell) _____

2) Name: _____ Relationship: _____

Phone numbers: (Day) _____ (Eve) _____ (Cell) _____

Medical and Insurance info:

Allergies _____ Symptoms of allergic reaction: _____

Treatment: _____ Blood type: _____

Known medical conditions: _____

Medications taken regularly: _____

Disabilities: _____

Primary Physician: _____ Phone: _____

Primary Medical Insurance: _____ Phone: _____

Group number: _____ Policy number: _____

Policy holder's Name: _____ Relationship to Policy Holder: _____

In case of emergency: the staff of the McLean Community Center including its volunteers, have my permission to contact at my expense: 1) my physician; 2) nearest available physician if my physician is not able to respond; 3) Utilize the nearest volunteer rescue squad or ambulance to provide treatment and or transport me to the nearest medical facility for treatment. Fairfax County and the MCC prohibit harassment or discrimination of volunteers or employees, based on race, color, religion, sex, national origin, age, or disability. Your cooperation regarding this policy is required. I will uphold the professional standards of the McLean Community Center and acknowledge that the MCC staff and program participants are dependent upon my being present for the program(s) and scheduled time(s) for which I agree to serve. In the event it is necessary, I give my permission to the medical facility to which I am transported, in order to save life and or limb to proceed with medical treatment.

The above named is under the age of 21 (please check) As parent or guardian of the minor above, I agree to the terms set forth above:

Name (please print): _____

Signature: _____ (Date): _____

I certify that I am over the age of 21 and agree to the terms set forth above (please check)

Name (please print): _____

Signature: _____ (Date): _____

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