

The Alden Volunteer Application

All information disclosed to the McLean Community Center will remain confidential for the explicit purposes of facilitating my role as a volunteer usher, and will not be used for any purpose that is not directly related to my involvement with the MCC.

Name: _____

Address: _____
Street City State Zip

Phone: _____ Other Phone: cell work _____

Email: _____

Please add me to the mailing list for the McLean Community Center's E-News

Can we call you as a last-minute sub? Yes No
Have you attended our performances? Yes No
Have you volunteered here before? Yes No When? _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ Phone: _____
Day Evening

Primary Physician: _____ Physician Phone: _____

Medical Information (anything we may need to be aware of)

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. 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.

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. I understand that volunteering is a choice and that the MCC may have to reassign me or let me go as a volunteer if it is determined that I am not a good fit or if I behave in a manner that does not represent the MCC well.

I certify that I am **over the age of 18** and agree to the terms set forth above.

The above named is **under the age of 18**. As parent or guardian of the minor above, I agree to the terms set forth above:

Name: _____
(Please print)

Name: _____
(Please print)

Signature: _____

Signature: _____

Date: _____

Date: _____