



November 18, 2013

Dear Mason Volunteer,

Thank you for your interest in Mason's 2015 Bicentennial. On behalf of Mason City Council, we would like to introduce to you the 2015 Mason Bicentennial Committee, a three-member team of Council consisting of Barbara Berry-Spaeth, Rich Cox and Char Pelfrey. The committee has been assigned to lay the foundation for our upcoming 200 year celebration, along with a very talented group of City staff.

The Bicentennial Committee's mission is to "oversee and facilitate an all-inclusive year of creative celebration that will honor the legacy of the past, the thriving prosperity of the present and the bright future of the City." We are extending an invitation for you to be a participant in this exciting, historical year. As plans begin to form, we will share with you opportunities to get involved, and we welcome your input.

Please complete the attached volunteer application and liability form and return by mail to:

Mason Municipal Center c/o Bicentennial Committee
6000 Mason Montgomery Road
Mason, OH 45040

Also, you can leave it in the Drop box in front of the Municipal Center or leave it at the front desk at the Community Center.

After we receive your application, we will notify you of upcoming volunteer opportunities.

Sincerely,

Barbara Berry-Spaeth
Rich Cox
Char Pelfrey (Chair)

E-mail us at bicentennial@masonoh.org or call (513) 229-8508



Bicentennial 2015 Application Form

Print form, fill out and mail to:
Mason Municipal Center
c/o Bicentennial Committee
6000 Mason Montgomery Road
Mason, OH 45040

Or e-mail to
bicentennial@masonoh.org
513-229-8508

NAME		DATE			
ADDRESS		CITY	ZIP CODE		
EMAIL		HOME PHONE	WORK PHONE		
AGE: <input type="radio"/> 18 and under <input type="radio"/> 19 – 30 <input type="radio"/> 31 – 54 <input type="radio"/> 55+					
EMERGENCY CONTACT: NAME #1		NAME #2			
ADDRESS		ADDRESS			
RELATIONSHIP	DAY PHONE	NIGHT PHONE	RELATIONSHIP	DAY PHONE	NIGHT PHONE

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO

List all convictions (including date and name and location of court where convicted) after your 18th birthday. (You are not required to list a record, which has been expunged.) A “yes” answer is not an automatic bar to placement, but an untrue answer will disqualify you. If yes, please explain fully below. Attach a separate sheet if necessary.

I certify that all statements I have made on this application and on other supplementary material are true and correct. I hereby authorize the City of Mason to investigate the accuracy of this information. I am aware that a background check may be required for some of the volunteer positions. I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits, and not as a paid employee. The City of Mason reserves the right to terminate a volunteer’s services at any time.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN (IF APPLICANT IS A MINOR) _____

RELEASE FOR VOLUNTARY SERVICES

I, _____, wish to participate as a volunteer for The City of Mason. I acknowledge that I have voluntarily applied to participate as a volunteer, without pay. I understand that there may be certain risks associated with my volunteering and I agree to assume all risks associated with my participation as a volunteer.

I realize that I could be injured while volunteering from someone's negligence or carelessness, from dangerous or defective equipment or property owned, maintained or controlled by The City of Mason; or from my traveling to and from my volunteer activities. In consideration of my application and permitting me to participate in this event, I do hereby waive, release and discharge The City of Mason, its employees or other volunteers, from any and all claims of whatever kind, which may directly or indirectly arise out of or in connection with my participation as a volunteer. I hereby agree to accept any and all risk of personal injury, illness, death or property damage, and verify this statement by placing my signature below.

I further acknowledge that if I am injured while volunteering, emergency medical treatment may be required. I agree to release The City of Mason from all liability. I further consent to receive medical treatment which may be deemed advisable, and release and discharge The City of Mason from all liability whatsoever that may arise on account of any first aid or medical treatment rendered to me in connection with my participation as a volunteer or the failure on the part of any representative of The City of Mason to provide medical care.

I understand that in connection with my participation as a volunteer, I may be photographed, recorded or videotaped. I agree to allow my photograph, video or film likeness to be used for any legitimate purpose by The City of Mason and/or its assigns, and I waive any right, title and interest in any royalties, proceeds, or other benefits derived from such photographs or recordings.

I understand that this Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable laws. I acknowledge that this Release form will be used by The City of Mason in the event I pursue any claim against the The City of Mason, its employees or volunteers. I further agree that in the event that any clause or provision of this Release is held to be invalid by any court, it shall not otherwise affect the remaining provisions of the Release which shall continue to be enforceable.

I hereby certify that I have carefully read this document and I fully understand its content. I am aware that this is a release of liability and a legal contract and that it affects my legal rights. I am signing this document of my own free will.

Signature of Volunteer

Date

Signature of Parent/Guardian
(for volunteers under 18)

Date