



THE OHIO MASONIC COMMUNITIES RESOURCE CENTER

2655 West National Road, Springfield, OH 45504 | (877) 881-1623 | omcresourcecenter.org

Masonic Volunteer Program Application

Name: _____

Address: _____

Phone#: _____

E-Mail: _____

Lodge/Chapter: _____

As a volunteer with The Ohio Masonic Communities Resource Center Masonic Volunteer Program, I agree to work in conjunction with my Community Outreach Coordinator and MVP Committee Chairman, to provide assistance to Resource Center clients, and to maintain the confidentiality of those clients. I acknowledge that no compensation will be paid for my participation. While a Committee Volunteer, I agree to conduct myself in a manner which is consistent with Masonic Principals. I agree to indemnify and hold harmless The Ohio Masonic Communities and the program from the consequences of my own actions. I also consent to OMC using depictions of my participation in the program for promotional purposes.

Signature _____ Date: _____