

Hollyhills Owners Association

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work/Cell Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration	<input type="checkbox"/> Pot Lucks	<input type="checkbox"/> Painting Work Party
<input type="checkbox"/> Events	<input type="checkbox"/> Bylaws Committee	<input type="checkbox"/> Greenbelt Work Party
<input type="checkbox"/> Holiday Bazaar	<input type="checkbox"/> Finance Committee	<input type="checkbox"/> Seasonal Decorating Committee
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Rules & Regulations Committee	<input type="checkbox"/> Bake Sales
<input type="checkbox"/> Emergency Preparedness	<input type="checkbox"/> Land Use Committee	<input type="checkbox"/> Clubhouse Activities Planner
<input type="checkbox"/> Phone bank	<input type="checkbox"/> Sunshine Committee	<input type="checkbox"/> Photographer
<input type="checkbox"/> Newsletter production	<input type="checkbox"/> Website Committee	<input type="checkbox"/> Historian
<input type="checkbox"/> Volunteer coordination	<input type="checkbox"/> Welcome Committee	<input type="checkbox"/> Board Member

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.