



COMMITTEE VOLUNTEER APPLICATION

Please print

First Name _____ Last Name _____

Address _____ City/State/Zip _____

Tel #: _____ Cell #: _____ Email: _____

*MEMBERS MUST BE IN GOOD STANDING TO SERVE ON A COMMITTEE. THE BOARD OF DIRECTORS APPOINT ALL COMMITTEES AND DEFINE THEIR DUTIES PURSUANT TO BYLAWS ARTICLE V, SECTION 1 (j).

Physical Limitations: No Yes (Please Explain)

Please check all applicable volunteer assignment(s) you are interested in volunteering for from the Committees listed below:

- | | |
|---|--|
| <input type="checkbox"/> Neighbors & Volunteers Committee | <input type="checkbox"/> CARE Committee |
| <input type="checkbox"/> Beach & Recreation Committee | <input type="checkbox"/> Grievance Committee |
| <input type="checkbox"/> Communications Committee | <input type="checkbox"/> Lake & Environment Committee |
| <input type="checkbox"/> Election Committee | <input type="checkbox"/> Long Range Planning Committee |
| <input type="checkbox"/> Security Committee | <input type="checkbox"/> Maintenance Committee |
| <input type="checkbox"/> Bylaws Committee | <input type="checkbox"/> Finance/Budget Committee |

Volunteer Availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5 6 7 Number of Hours per day _____ week _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday No Preference

All Volunteers must submit to a Criminal and Child Abuse clearance as per State law.

Have you ever been convicted of a felony or first degree misdemeanor? No ___ Yes ___

If yes please explain: _____

In case of an emergency notify:

First Name _____ Last Name _____

Address _____

City/State/Zip _____ Telephone: _____ Email _____

(Signature/Volunteer)

(Signature/Staff)

(Date)

FOR OFFICE USE ONLY	CRIMINAL RECORD CHECK: _____
BOARD APPROVAL: _____	CHILD ABUSE RECORD CHECK: _____