

VOLUNTEER FORM

NAME:				
ADDRESS:				
EMAIL:				
PHONE:		CELL: _		
I am available during the follow	wing hours for volu	ınteer assignment	s and meetings:	
Weekdays:	Weekends:	_ Mornings:	Afternoons:	Evenings:
I would be interested in chairin	g a committee:	YES	NO.	
Which committee would you b	e most willing to c	commit time to vo	lunteering:	
Events / Social / Welcom	e			
Landscape (Common Are	eas)			
Crime Watch / Safety				
Communications / Newsl	etter			
Diversity				
I cannot make regular meetings	s, but would be into	erested in volunte	ering with communi	ty events: YES NO.
Please summarize any special s other activities, including sport	•	•	from employment, t	alents, previous volunteer work, or
	d standing of the V of ethics/conduct. ential and I agree n	Weston Ridge Hor Any information ot to share it with	meowners Association that I receive in control other homeowners,	on, Inc., and that I am required to nection with being a committee unless approved for release by
Signature:				
Date:				
Yes, the HOA may share my co	ontact information	for official HOA	business	Please initial.

Please email your completed form to dwyann@essexhoa.com