

Westover Crossing Volunteer Application

Contact Information

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

Availability

During which hours are you available for committee meeting and/or 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 committee(s) and areas you are interested in volunteering

- | | |
|--|--|
| <input type="checkbox"/> Architectural Control/Maintenance Committee | <input type="checkbox"/> Word processing |
| <input type="checkbox"/> Building and Grounds Committee | <input type="checkbox"/> Events (Communication Committee) |
| <input type="checkbox"/> Communication Committee | <input type="checkbox"/> Gardening (Building and Grounds Committee) |
| <input type="checkbox"/> Covenants Committee | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Dispute Resolution Committee
(must be a member of another committee) | <input type="checkbox"/> Newsletter or website production
(Communication Committee) |
| <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Maintenance work |
| <input type="checkbox"/> Nominating Committee | <input type="checkbox"/> Welcome Wagon (Communication Committee) |
| | <input type="checkbox"/> Delivery of newsletter or flyer |
| | <input type="checkbox"/> Volunteer coordination |
| | <input type="checkbox"/> Other: |

Special Skills or Qualifications

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

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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.



Please return this application to Bill Reynolds at The Galman Group.

Fax: 215 886-4972

Phone: 215 886-2000