

CREEKSIDE PRESERVE HOMEOWNERS ASSOCIATION, INC.

VOLUNTEER INFORMATION FORM

1. Name: _____

2. Address: _____

3. Phone: _____ Fax: _____

4. E-mail: _____

5. I have been a member of the Association since: _____

6. I wish to be a Volunteer for

- _____ Architectural Control Committee
- _____ Covenants Enforcement Committee
- _____ Community Spirit Committee
- _____ Crime Watch

7. I have volunteered with the following organizations (include offices held):

8. My qualifications to be a Volunteer with this committee include:

9. I would like to be considered as a Volunteer candidate because:

10. If appointed to the selected committee I would:

Signature

Date