

OCA VOLUNTEER APPLICATION FORM

COMMITTEE/CLUB/SHARE & WEAR: _____

NAME: _____ UNIT: _____ HOUSE # _____

PHONE: _____ EMAIL: _____

DAYS YOU CAN WORK (circle all that apply): MON TUES WED THURS FRI
SAT SUN

HOURS YOU CAN WORK _____

CHAIR NAME: _____ INITIALS: _____

I understand that my volunteer position is subject to approval by the committee to be served and The Board of Directors authorized Executive Committee members. Volunteer status may be terminated for any reason, including lack of participation or adherence to the Charter or established Rules and Procedures.

APPLICANT SIGNATURE: _____

DATE: _____