



Oceanside Community Association

550 Vista Bella, Oceanside CA 92057

760-757-3937 Phone

760-757-8177 Fax

www.oceanaseniors.org

Email: office@ocaoffice.org

VOLUNTEER APPLICATION

Please return to the OC office.

Date ____/____/____

Unit _____

House # _____

Resident _____

Phone (____) _____

Email _____

OK to text? ____ Yes ____ No

VOLUNTEER ACTIVITY

____ Share & Wear Committee _____ Club _____

Other Activity _____

DAYS / HOURS If appropriate, please include availability:

Monday Hours _____

Thursday Hours _____

Tuesday Hours _____

Friday Hours _____

Wednesday Hours _____

Saturday Hours _____

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, adherence to the Charter or following established Rules and Procedures. A Volunteer Waiver must be signed once the application is accepted.

Signature _____

Date ____/____/____