



**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** For each day available, please indicate how many hours and time.

Mon. # hrs \_\_\_\_ a.m. p.m.      Thu. # hrs \_\_\_\_ a.m. p.m.      Sat. # hrs \_\_\_\_ a.m. p.m.

Tue. # hrs \_\_\_\_ a.m. p.m.      Fri. # hrs \_\_\_\_ a.m. p.m.      Sun. # hrs \_\_\_\_ a.m. p.m.

Wed. # hrs \_\_\_\_ a.m. p.m.

I understand that my volunteer position is subject to approval by the committee to be served and the Board of Directors. Volunteer status may be terminated for any reason, including lack of participation, adherence to the committee’s charter and/or following established Rules and Procedures.

**A Volunteer Waiver must be signed once the application is accepted.**

VOLUNTEER SIGNATURE \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>OCA Use</b>	
Committee Chair _____	Date ____/____/____
Date of Board approval ____/____/____	Waiver received ____/____/____