MT. POCAHONTAS PROPERTY OWNERS ASSOCIATION

VOLUNTEER PROSPECT:

NAME:

_____

LOT NO. _____ 911 NO. _____ STREET NAME: _____

MAILING ADDRESS:

_____

EMAIL ADDRESS:

_____

PHONE NO. _____ LOCAL: _____ CELL: _____

WORK: _____ OTHER: _____

PLEASE CHECK MARK WHAT YOU ARE INTERESTED IN VOLUNTEER FOR:

ACTIVITIES _____ APPEALS COMMITTEE ____

ROAD COMMITTEE _____ BY-LAWS COMMITTEE _____

COMMUNITY CLEAN-UP _____ EMERGENCY MANAGEMENT _____

NEIGHBORHOOD WATCH _____ FIREWISE _____

LIST YOUR TALENTS & SKILLS YOU CAN SHARE WITH THE ABOVE ACTIVITIES:

OFFICE ONLY

Owner/Applicant Signature: _____

Date: _____

Board of Directors Signature: _____

Date: _____