



**DESIGN REVIEW COMMITTEE VOLUNTEER APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever served on a committee?       Yes       No

If Yes - Please summarize your prior committee experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other relevant experiences/skills do you have that will support the committee's success?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in serving as a volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate your availability to attend monthly committee meetings: (mornings, afternoons, evenings)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that to be eligible to volunteer I must be a Member in Good Standing as defined in the Governing Documents. I also understand that being a volunteer imposes a fiduciary duty upon me. Further, the obligations of being a volunteer will necessitate attendance at regular and special meetings of my assigned committee. I certify that I am willing and able to serve if appointed.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Unfortunately, there are a limited number of seats for each committee. If you are not selected, your information will be retained should a vacancy come up in the future.

***Please complete this form and return it to the Association Office at  
29701 N Sunrise Point, Peoria, AZ 85383 or by email to [molvera@ccmcnet.com](mailto:molvera@ccmcnet.com)***