



Fountain of the Sun Community Association Committee Application

Committee that you wish to apply for:	
Applicant's Contact Information	
Name	
FOS Address	
FOS Primary Phone	
E-Mail Address	

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities and interests.

Interest
Indicate why you wish to serve on this committee.

Agreement and Signature	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am appointed to the committee I will be subject to the policies and procedures of the committee and the Fountain of the Sun Community Association.	
Name (printed)	
Signature	
Date	

Our Policy
It is the policy of Fountain of the Sun Community Association to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering.