

Interest Form for Rose Hill Plantation POA Board of Directors

Contact Information

Name	
Street Address	
City ST Zip Code	
Home Phone	
Work Phone	
E-Mail Address	
RHP Length of Residence	

Work Experience

(Most recent first)

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Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Your Community Activities in RHP

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If elected, your goals as a RHP POA Board Member

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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 accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.