



VOLUNTEER COMMITTEE FORM

Thank you for considering volunteering for your community. Your willingness to help your Condominium Owners Association is very much appreciated. Please tell us a little about your interests and any relevant volunteer, home, or work experience.

Today's Date: _____ Name: _____

Street Address: _____

E-Mail Address: _____ Phone: _____

How long have you resided at Lewisville Waters Edge II? _____ Months / Years

Hours you can contribute each month: _____

Committee interests (*Please check at least one*):

Social

Neighborhood / Crime Watch

Advisory

Are you willing to chair a committee, if required? (*Please circle*): *Yes / No*

Volunteer, career or other relevant experience you would like to share with us:

What previous committee experience do you have, if any?

Additional Comments _____

Please return the completed form to:
canderson@essexhoa.com or Crissy@essexhoa.com
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