

Heath Crossing Homeowners Association, Inc.

VOLUNTEER FORM

Today's Date: _____ Name: _____

Street Address: _____

E-Mail Address: _____ Phone: _____

How long have you been a member of Heath Crossing HOA? _____

Hours you can contribute each month: _____

Committee interests (*Please check*):

- ☐ Social
- ☐ Crime Watch
- ☐ Landscape
- ☐ Communications

Are you willing to chair a committee, if required? (*Please circle*): Y / N

Previous volunteer, career or relevant life experience:

What previous committee experience do you have, if any?

Please return the completed form to:

Heath Crossing Homeowners Association, Inc.

7560 Legacy Dr.

Ste. B3-425

Plano, TX 75024

Selina@Legacysouthwestpm.com