Marion Oaks Deed Restriction Committee
294 Marion Oaks Lane, Ocala FL 34473
Volunteer Application

Date: _____

Name: _____

Address: _____

Date of Birth: _____ Retired Yes _____ No _____

Days & Hours Available _____Phone# _____

Employment History:
Previous two places:
Company Name: _____Phone#_____

Employed from:_____ To:_____

Company Name: _____Phone#_____

Employed from: _____To: _____

References
Name: _____ Phone#_____

Address: _____

Name: _____ Phone#_____

Address: _____

VOLUNTEER EXPERENCE: _____
_____

"I certify that the facts contained in the application are true and complete to the best of my knowledge. I authorize Investigation of all statements contained herein and the references listed above to give you any and all information they may have, and release all parties from all liability for any damage that may result from furnishing the same to you. When I am released or decide to leave the Deed Restriction group, I agree to return all Deed Restriction property, ex: books, badge and printed documents.

_____ _____
Applicant Signature Date