

GRAND HAVEN CDD AD HOC FACT FINDING GROUP VOLUNTEER REGISTRATION FORM

Resident Name: _____

Village: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell Phone: _____

Email Address: _____

Please circle the field in which you are volunteering to provide assistance to the GHCDD. (Fields listed are for example only, please circle Other to add an unlisted field of interest):

- | | |
|----------------------------|------------------------|
| Accounting | HVAC |
| Architecture | Insurance |
| Banking | Landscaping |
| Commercial Printing | Plumbing |
| Communications | Public Relations |
| Communications Equipment | Purchasing/Procurement |
| Computer Hardware/Software | Quality Assurance |
| Computer/Office Equipment | Safety |
| Construction | Security (Physical) |
| Electrical | Sports |
| Financial Planning | Utilities |
| Food and Beverage | Other (Specify) _____ |

Please describe your large/small business, governmental, academic, and/or military experience in the field(s) you have selected. (You may attach a resume or bio. Please provide supplemental sheets if needed.)

Availability: Full Time Part Time (please specify) _____
 Are you currently working? Yes No
 Foreign Language Skills Yes No Language(s) _____ Read Write
 Speak

GRAND HAVEN CDD AD HOC FACT FINDING GROUP INDIVIDUAL VOLUNTEER AGREEMENT AND STATEMENT OF UNDERSTANDING

As a volunteer, you are expected to meet high ethical and professional standards.

I agree to assist the GHCDD in the following tasks/activities:

- ✓ Researching and developing facts on a defined topic to be presented to the District Manager for transmittal to the GHCDD Board for their evaluation and decision making

I agree to abide by the attached guidelines for GHCDD AD HOC FACT FINDING GROUPS.

I certify that all of the information and statements on this form are true and complete to the best of my knowledge and belief.

Volunteer Signature _____ Date _____

Volunteer Printed Name _____

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TO BE COMPLETED BY DISTRICT MANAGER:

Date received by DM _____

Date reviewed by all BOS _____

Date approved for acceptance to registry by BOS _____

Date called to serve _____

Group topic _____

Group start date _____

Group termination date _____

GUIDELINES

GHCDD AD HOC FACT FINDING GROUPS

- ONE OR MORE RESIDENT MEMBERS PREFERRED
- SPECIFIC NARROWLY DEFINED SCOPE OF SERVICE (SINGLE ISSUE ORIENTED)
- DATE (FACT FINDING) COLLECTION ONLY; NO RATING, RANKING, PREFERENCES
- LIMITED DURATION OF SERVICE (GROUP) – DISSOLVED BY BOS AS SOON AS SUFFICIENT DATE COLLECTED
- STRICTLY VOLUNTARY – NO FINANCIAL GAIN TO ANY MEMBER, ANY THIRD PARTY PAYMENT, COMPENSATION, COMMISSION OR REMUNERATION OF ANY KIND TO BE IMMEDIATELY RETURNED TO THE COMMUNITY
- MEMBERS TO BE DRAWN FROM A REGISTRY OF RESIDENT VOLUNTEERS HAVING ISSUE – SPECIFIC BACKGROUND/TRAINING. GHCDD TO PERIODICALLY SURVEY THE COMMUNITY FOR REGISTRY VOLUNTEERS
- VOLUNTEER INTAKE VIA QUESTIONNAIRE SENT TO MANAGEMENT COMPANY FOR DISTRIBUTION TO AND EVALUATION BY BOS
- AS NEEDED, ONE SUPERVISOR TO SERVE ON EACH GROUP AS BOS LIAISON
- FINDINGS TO BE TRANSMITTED TO DISTRICT MANAGER FOR FORWARDING TO BOS

VOLUNTEER REGISTRATION FORM and INDIVIDUAL VOLUNTEER AGREEMENT AND STATEMENT OF UNDERSTANDING to be delivered to District Manager:

**Grand Haven Community Development District
c/o Wrathell, Hunt and Associates, LLC
6131 Lyons Road, Suite 100
Coconut Creek, Florida 33073**