

# HOA Application & Involvement Form Pack

*Applications for vendors, volunteers, board members, advisory members, partners, speakers, sponsors, artists, resident ambassadors, and youth programs*

**Important: Template only.** These documents are strategic starting points for Heritage & Opportunity Alliance / Voice of East Stuart. Have a Florida nonprofit attorney or qualified professional review before signing, especially where money, youth, resident data, government partners, property, legal services, or public funding are involved.

## How to Use These Applications

- Use these forms to collect consistent information before assigning roles, approving participation, or sharing resident-facing responsibilities.
- For board members, advisory members, youth-facing volunteers, vendors, and public speakers, keep completed forms in HOA records.
- Add a privacy statement to all digital versions and avoid collecting unnecessary sensitive information.

# 1. Vendor Application

**Purpose:** For food vendors, merchandise vendors, service vendors, resource vendors, and event marketplace participants.

## Applicant / Business Information

Business / Vendor Name: \_\_\_\_\_

Owner / Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website / Social Media: \_\_\_\_\_

## Vendor Type

☐ Food ☐ Beverage ☐ Merchandise ☐ Crafts/Art ☐ Information Table ☐ Service Provider ☐ Youth Vendor ☐ Other

Describe products/services: \_\_\_\_\_

## Compliance / Safety

☐ Business license ☐ Food permit ☐ Insurance ☐ Sales tax certificate ☐ Health certification ☐ None yet / need guidance

Insurance carrier / policy number if applicable: \_\_\_\_\_

Power/water/tent needs: \_\_\_\_\_

Special setup needs: \_\_\_\_\_

## Event Fit

Which HOA event are you applying for?: \_\_\_\_\_

How does your vendor table serve or fit the community?: \_\_\_\_\_

Do you agree to family-friendly, respectful booth conduct? Yes/No: \_\_\_\_\_

## Applicant Certification

I certify that the information provided is accurate to the best of my knowledge. I understand that submitting this form does not guarantee acceptance, appointment, payment, partnership, vendor approval, employment, board membership, or program participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2. Volunteer Application

**Purpose:** For individuals who want to help with events, outreach, tabling, resident engagement, administration, data entry, setup, cleanup, or committee work.

### Basic Information

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address/Neighborhood: \_\_\_\_\_

Emergency Contact Name/Phone: \_\_\_\_\_

### Interest Areas

☐ Events ☐ Outreach ☐ Phone calls ☐ Data entry ☐ Setup/Cleanup ☐ Youth programs ☐ History collection ☐  
Resource navigation ☐ Fundraising ☐ Social media ☐ Transportation ☐ Other

Skills or experience: \_\_\_\_\_

### Availability

☐ Weekdays ☐ Evenings ☐ Weekends ☐ One-time events ☐ Ongoing committee work

Best times: \_\_\_\_\_

### Screening

Are you willing to follow HOA confidentiality and conduct rules?:

\_\_\_\_\_

Are you willing to complete a background check if working with youth/vulnerable residents?:

\_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 3. Board Member Application

**Purpose:** For candidates interested in legal governance, fiduciary oversight, strategy, compliance, and long-term stewardship of HOA.

#### Candidate Information

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Employer / Professional Background:

\_\_\_\_\_

#### Board Seat Interest

☐ Chair/President ☐ Vice Chair ☐ Secretary ☐ Treasurer ☐ Housing Stability ☐ Workforce Development ☐  
Youth/Mentorship ☐ Cultural Preservation ☐ Entrepreneurship ☐ Legal/Compliance ☐ Community Partnerships ☐  
At-Large

#### Governance Readiness

Prior nonprofit/board experience: \_\_\_\_\_

Why do you want to serve HOA?: \_\_\_\_\_

What skills, relationships, or resources can you bring?:

\_\_\_\_\_

Any potential conflicts of interest?: \_\_\_\_\_

#### Commitment

Can you attend regular board meetings?:

\_\_\_\_\_

Can you support fundraising, governance, and accountability responsibilities?:

\_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 4. Advisory Committee Member Application

**Purpose:** For elders, residents, professionals, nonprofit leaders, artists, historians, workforce partners, housing partners, faith leaders, and technical advisors.

### Applicant Information

Full Name: \_\_\_\_\_

Organization / Affiliation: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Neighborhood / Connection to East Stuart:

\_\_\_\_\_

### Advisory Circle Interest

☐ Heritage & Preservation   ☐ Housing / Probate / Property Stability   ☐ Youth / Workforce / Opportunity   ☐ Arts / Culture / Public Identity   ☐ Civic Engagement / Accountability   ☐ Faith / Elders / Resident Voice   ☐ Institutional / Funding

### Contribution

What guidance, knowledge, contacts, or resources can you provide?:

\_\_\_\_\_

What East Stuart issues or opportunities matter most to you?:

\_\_\_\_\_

Are you willing to attend meetings or serve as-needed?:

\_\_\_\_\_

### Applicant Certification

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 5. Committee Chair / Program Lead Interest Form

**Purpose:** For people ready to coordinate a committee, meeting, event, or program lane under HOA direction.

### Applicant Information

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Committee / Program of Interest: \_\_\_\_\_

### Leadership Capacity

Experience leading meetings, volunteers, programs, or events:

\_\_\_\_\_

Estimated hours available per month:

\_\_\_\_\_

Support needed from HOA: \_\_\_\_\_

### Accountability

Can you provide monthly updates and keep basic records?:

\_\_\_\_\_

Can you follow HOA policies and avoid unauthorized public commitments?:

\_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 6. Community Partner / Organization Application

**Purpose:** For nonprofits, agencies, churches, schools, businesses, civic groups, or institutions that want to collaborate with HOA.

### Organization Information

Organization Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Mission / Services: \_\_\_\_\_

### Partnership Interest

☐ Resource table   ☐ Referral partner   ☐ Event co-host   ☐ Speaker   ☐ Sponsor   ☐ Venue   ☐ Youth/workforce partner  
☐ Housing partner   ☐ Arts/heritage partner   ☐ Funding/technical support

What would you like to do with HOA?:

\_\_\_\_\_

### Community Benefit

How will this partnership benefit East Stuart residents?:

\_\_\_\_\_

What outcomes can be tracked?: \_\_\_\_\_

Do you agree to written role clarity/MOU if needed?:

\_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 7. Speaker / Presenter Application

**Purpose:** For attorneys, historians, workforce leaders, educators, artists, agency staff, funders, or service providers presenting at HOA events.

### Presenter Information

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title / Credentials: \_\_\_\_\_

### Presentation Details

Proposed topic: \_\_\_\_\_

Target audience: \_\_\_\_\_

Length of presentation: \_\_\_\_\_

Equipment/space needs: \_\_\_\_\_

Handouts or materials: \_\_\_\_\_

### Terms

Fee/honorarium requested or volunteer?:

\_\_\_\_\_

Can HOA record/share the presentation?:

\_\_\_\_\_

Any professional disclaimer needed?:

\_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 8. Sponsor / Donor Interest Form

**Purpose:** For individuals, businesses, churches, foundations, and organizations that want to support HOA programs, events, printing, food, youth activities, murals, or operations.

### Sponsor/Donor Information

Name / Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

### Support Type

☐ Cash donation   ☐ Event sponsorship   ☐ Food   ☐ Printing   ☐ Venue   ☐ Supplies   ☐ Professional services   ☐ Youth sponsorship   ☐ Mural/public art support   ☐ General operations

Estimated value / amount: \_\_\_\_\_

### Recognition

☐ Anonymous   ☐ Name listed   ☐ Logo on flyer   ☐ Table at event   ☐ Social media thanks   ☐ Newsletter/report mention

Restrictions or preferred use: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 9. Artist / Public Art Partner Application

**Purpose:** For artists, muralists, photographers, designers, musicians, storytellers, and creative partners.

### Artist Information

Name: \_\_\_\_\_

Artistic name if different: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website/social media: \_\_\_\_\_

Medium / discipline: \_\_\_\_\_

### Project Interest

☐ Mural   ☐ Youth art workshop   ☐ Oral history/storytelling   ☐ Photography   ☐ Graphic design   ☐ Public performance  
☐ Exhibit   ☐ Other

Describe concept or interest: \_\_\_\_\_

### Community Process

Experience with community-based art:

\_\_\_\_\_

How would you involve residents, elders, or youth?:

\_\_\_\_\_

Budget or materials needed: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 10. Resident Ambassador Application

**Purpose:** For residents who want to help spread information, gather feedback, identify needs, and strengthen HOA connection to the neighborhood.

### Resident Information

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Street/Neighborhood: \_\_\_\_\_

How long connected to East Stuart?:

\_\_\_\_\_

### Ambassador Role

☐ Share flyers   ☐ Help with sign-ins   ☐ Invite neighbors   ☐ Collect concerns   ☐ Assist elders   ☐ History/story leads   ☐ Volunteer recruitment   ☐ Meeting attendance

Preferred role: \_\_\_\_\_

### Community Priorities

Top concerns you hear from residents:

\_\_\_\_\_

Resources residents need most: \_\_\_\_\_

People or places HOA should connect with:

\_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 11. Youth Participant / Parent Permission Form

**Purpose:** For youth attending HOA programs, career events, art workshops, site visits, or mentorship activities.

### Youth Information

Youth Name: \_\_\_\_\_

Age: \_\_\_\_\_

School/Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

### Program Interest

☐ Youth leadership ☐ Aviation/workforce ☐ Trades/careers ☐ Arts/mural ☐ History/storytelling ☐ Mentorship ☐  
Volunteer service ☐ Other

Allergies/medical/special needs to know:

\_\_\_\_\_

### Permissions

Parent permits participation: Yes/No:

\_\_\_\_\_

Photo/video permission: Yes/No: \_\_\_\_\_

Transportation permission if applicable: Yes/No:

\_\_\_\_\_

Emergency contact: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 12. General Interest / Contact Form

**Purpose:** For residents, supporters, and organizations who want updates or may want to get involved later.

### Contact Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address/Neighborhood: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

### Interest Areas

☐ Events ☐ Housing resources ☐ Probate/heirs property ☐ Youth/workforce ☐ Aviation careers ☐ Heritage/history  
☐ Arts/murals ☐ Volunteer ☐ Board/advisory ☐ Sponsorship ☐ Public accountability ☐ Other

### Follow-Up Consent

I consent to HOA contacting me about programs/resources/events: Yes/No:

\_\_\_\_\_

Notes: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_