

SENIOR RECOGNITION PROGRAM



APPLICATION

**** SUBMIT NO LATER THAN MAY 1 ****

SITE INFORMATION

Name of Apartment Community: _____
Street Address: _____
City, State, Zip: _____
Name of Person Completing Application: _____ Title/Position: _____
Phone #: _____ Fax: _____ Email: _____

SRP COORDINATOR CONTACT INFORMATION

Name of SRP Coordinator: _____ Title/Position: _____
Phone #: _____ Fax: _____ Email: _____

COMMITMENT VERIFICATION – *for SRP Coordinator*

I, as a representative of the above-named apartment community, have read and understand the “Senior Recognition Program Guidelines” and my responsibilities therein. I understand that, as SRP Coordinator, I am responsible for recruiting resident participants; collecting and maintaining all program paperwork; and planning and implementing the kick-off event, fundraising and social events, and the recognition trip or onsite event. I am committed to the implementation and administration of the Senior Recognition Program.

Signature of Senior Recognition Program Coordinator

Date

RESIDENT ROSTER – *please use additional page, if necessary*

STATEMENT OF COMMITMENT & LIABILITY RELEASE

By signing below, I pledge to complete 100 hours of activities, attend program-sponsored events, and participate in the SRP fundraising and social events. I understand that CAHEC, and/or its affiliates may organize special events and recognition events/trips in conjunction with the Senior Recognition Program. In consideration of CAHEC’s sponsorship and willingness to offer these activities, I knowingly and voluntarily release CAHEC and the Apartment Community (and their directors, officers, employees, and agents), their successors, assigns and affiliates, from any liability for damages (including death and injury) occurring in connection with or incident to any SRP event.

	Resident Name – <i>Please Print</i>	Resident Signature – <i>Please Sign</i>
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	Resident Name – <i>Please Print</i>	Resident Signature – <i>Please Sign</i>
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RESIDENCY VERIFICATION – *for property/site manager*

I certify that each above-listed person is a resident of _____ and is in good standing. *Name of Apartment Community*

By signing below, I indicate my support for their participation in the Senior Recognition Program.

Signature of Property/Site Manager

Date