

SENIOR RECOGNITION PROGRAM



SITE APPLICATION

**** Submit to CAHEC no later than October 1****

SITE INFORMATION

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

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 events, and the recognition trip. 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 fundraisers. 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, agents, and members and affiliates of the Community Programs Committee), their successors, assigns and affiliates, from any liability for damages (including death and injury) occurring in connection with or incident to any SRP event.

	Name of Resident – <i>Please Print</i>	Signature of Resident – <i>Please Sign</i>
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	Name of Resident – <i>Please Print</i>	Signature of Resident – <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