

EAGLE POINT MANAGEMENT, LLC



MULTIFAMILY HOUSING MANAGERS

Urban Village Community Center Resident Services

Volunteer Application

Applicant Information:

Name: _____

Date of Birth: ___/___/___

Gender: M ___ F ___

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact:

Name: _____

Relationship to Applicant: _____

Phone: _____ Cell: _____

Personal References:

Name/Employer: _____

Relationship/Position: _____

Dates Worked: _____

Contact Information: _____

Name/Employer: _____

Relationship/Position: _____

Dates Worked: _____

Contact Information: _____

Volunteer and Work Experience:

Are you currently employed? Yes____ No____

Current Employer: _____

Position: _____

Supervisor Contact: _____

Previous Volunteer and Work Experience:

<i>Position</i>	<i>Location/Organization</i>
_____	_____
_____	_____
_____	_____

Volunteer Work Desired: _____

Days and times when you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Special Qualifications and Skills: _____

Do you have a valid driver's license?

- Yes
- No

Have you ever been convicted of a crime (other than a traffic violation)? Yes____ No ____

If yes, please list the convictions that are a matter of public record. Give the complete facts showing date, reason, and disposition.

Property # _____
Property Name _____

Applicant Acknowledgement and Authorization

I authorize Client (“the Company”) to obtain a “consumer report” and/or “investigative consumer report” or other background information used in connection with consideration of my directors, agents, employees and affiliates from any and all liability for damages or whatever kind which may arise from or relate to any “consumer report” and/or “investigative consumer report” or background information requested, obtained or used by the Company in connection with my application to volunteer.

Printed Name: _____ Social Security: _____
(For identification purposes only)

Signature: _____ Date: _____

Date of Birth: ____/____/____ (For identification purposes only)

If name changed (through marriage or otherwise) print name here: _____

Present Residence Address: _____

Former Address: _____

The information that I have provided may be verified by contacting person or organizations named in this document. I hereby release and agree to hold harmless from liability any person or organization that provides information.

In signing this document, I affirm that the information I have given is true and correct.

Signature of Volunteer

Date