

EAGLE POINT MANAGEMENT, LLC



MULTIFAMILY HOUSING MANAGERS

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**Hubbard Place 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