

Work Experience:

Include Name/Address/Phone Number/Dates of Employment

1. _____

Position/Duties _____

2. _____

Position/Duties _____

3. _____

Position/Duties _____

References:

Include: Name/Address/Telephone Number/Affiliation

(Please do not use relatives)

1. _____

2. _____

3. _____

Availability:

Day(s) of

Week _____

Morning _____ Afternoon _____

Emergency Contact: Include Name/Phone Number/Relationship

I authorize the Wakefield Council on Aging/or the Town of Wakefield to investigate information from this application for the purpose of community service with the Property Tax Work-Off Program.

If accepted for service with the Town of Wakefield, I agree to comply with the rules of the program. To the best of my knowledge, all information provided in this application is accurate.

Applicant's Signature

Date

Office Use Only

Referral to: _____ Date _____

Disposition: _____

If denied, indicate reason: _____

Interviewed by: _____

COA Director