

Town of Stoneham
SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM
July 1, 2016 – June 30, 2017
APPLICATION FORM

Application for Fiscal Year _____ Date _____
Name _____
Address _____
Phone _____
Email _____

Volunteer Experience: Include previous placements through this program if applicable.

Name of Organization	Date	Description of Duties
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Work Experience:

Name of Employer	Date of Employment	Description of Duties
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Other Skills/Knowledge:

Emergency Contact: Include Name/Phone Number/Relationship

Please Note:

All employees/volunteers that are involved with the Stoneham Senior Center must be subject to a CORI (Criminal Offender Record Indicator) check.

All participants must complete a W-4 form once accepted into the program. Compensation is considered wages in accordance with the IRS and federal and Medicare taxes will apply.

If accepted into the Senior Citizen Property Tax Program for the Town of Stoneham, I agree to comply with the guidelines 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 _____

Director COA