

Town of Middleborough
Senior Tax Work Off Program
FY 2010
APPLICATION

Please return completed application **by November 1** to the:
Middleborough Council on Aging
558 Plymouth Street
Middleborough, MA 02346

(Please Print)

Name:	Last	First	Middle
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Address:	Street	City	State	Zip
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Social Security Number	Date of Birth	Telephone	other phone (cell)
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Email _____

What hours are you available for work? (check all that apply)

_____ Mornings _____ Afternoons _____ Evenings

What days are you available for work? (check all that apply)

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Please state past experiences and special skills, interests or training:

Please identify your skills: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Computers | <input type="checkbox"/> Kitchen and serving |
| <input type="checkbox"/> Reception/phone | <input type="checkbox"/> Accounting | <input type="checkbox"/> Building maintenance |
| <input type="checkbox"/> Grounds maintenance | <input type="checkbox"/> Data Base Management | |

Please list any Middleboro Town Departments that you have volunteered for and the dates that you volunteered. _____.

I am a resident homeowner (or spouse of one) who is at least 60 years old. If I am accepted into the senior tax work off program, I understand that my earnings will be applied as an abatement to my tax bill.

Signed: _____ Date: _____

Pursuant to Federal Regulations 51.55 (e) (k) (6), the Town of Middleborough does not discriminate on the basis of handicapped status in admission or access to or treatment in its programs and activities.