

**CITY OF BROCKTON  
MAYOR BILL CARPENTER  
COUNCIL ON AGING**

**Snow Shoveling Referral Program for Seniors 60+  
Application Form**

**Personal Information**

Name of Senior Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Ward #: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Job required: (circle jobs as needed)**

**Sidewalks, Steps, Path to oil tank fill pipe (min. 36 inch path) = minimum \$10.00**

**Driveway One Spot Only = minimum \$10.00 Two Spots= minimum \$20.00**

**\*\* In case of extremely heavy snowfalls, price will differ and/or your match person may not be able to do the jobs.**

**By signing below, I am requesting to participate in the Brockton Council on Aging/ Youth Program Shoveling Referral Program (“The Program”). I understand that I will be paired with a young person from the area that will be responsible for my home. I will pay the youth the above-agreed amounts as to my needs. I will make arrangements with the young person to shovel my snow in a timely manner and will pay them for their services. Shovelers are not allowed to use snow blowers and we will provide the shovels. I understand that the program cannot guarantee me a shoveler or the work of the shoveler.**

**If you agree with the above conditions, please sign and date in the space provided.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Council on Aging \_\_\_\_\_**

**Assigned to \_\_\_\_\_**