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(Office Use Only)

CITY OF MARLBOROUGH
SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM
"SCRPT" APPLICATION

BASIC INFORMATION

Date of Application: _____

Name: Mr. Ms. Mrs. _____
(circle one) Last First Middle Initial

Street Address: _____ Marlborough, MA 01752

Mailing Address (if different from above): _____

Primary Telephone: _____ [Home or Cell] Alternate: _____

E-mail: _____ Date of Birth: _____

ELIGIBILITY REQUIREMENTS

Please answer all of the following questions by circling YES or NO.

- 1) Are you over the age 60? _____ YES _____ NO
- 2) Have you lived in the City for at least five years? _____ YES _____ NO
- 3) Are you the owner of record of the home? _____ YES _____ NO
- 4) Is this your primary residence? _____ YES _____ NO
- 5) Have you attached a copy of current tax bill? _____ YES (required)
- 6) Have you attached a copy of income records? _____ YES (required)

JOB SKILLS

In the following section, please include any skills you possess such as computer skills, or languages spoken.

Special Job skills: _____

Interests and hobbies: _____

WORK EXPERIENCE

In the following section, please complete the information for your most recent (or relevant) employment. Attach any additional employment experience to the back of this application.

1) _____

Dates of Employment

Address

Description of Responsibilities

2) _____

Dates of Employment

Address

Description of Responsibilities

VOLUNTEER EXPERIENCE	
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In the following section, please complete the information for any volunteer experience you possess. Attach any additional volunteer experience to the back of this application.

1) _____

Volunteer Dates

Address

Description of Responsibilities

Volunteer Dates

Address

Description of Responsibilities

REFERENCES

In the following section, please complete the information for your references. Please note, relatives may not be listed as references.

- 1) _____
First & Last Name Phone Number Affiliation
- 2) _____
First & Last Name Phone Number Affiliation
- 3) _____
First & Last Name Phone Number Affiliation

CITY AFFILIATION DISCLOSURE

In the following section, please disclose any relatives employed by the City of Marlborough. Please note, having relatives employed by the City does not mean disqualification from SCRPT. Please attach any additional names to the back of this application.

- 1) _____
First & Last Name Phone Number Affiliation City Dept.
- 2) _____
First & Last Name Phone Number Affiliation City Dept.

AVAILABILITY & PREFERENCES

In the following section, please complete the information with regards to your availability.

- 1) Are you currently employed? _____ YES _____ NO
- 2) When are you available? (Circle all that apply)

Month(s): April May June
 September October November

Day(s) of Week: Monday _____ AM/PM to _____ AM/PM
 Tuesday _____ AM/PM to _____ AM/PM
 Wednesday _____ AM/PM to _____ AM/PM
 Thursday _____ AM/PM to _____ AM/PM
 Friday _____ AM/PM to _____ AM/PM
 Saturday _____ AM/PM to _____ AM/PM
 Sunday _____ AM/PM to _____ AM/PM

3) Please select what type of community service you would like to perform. Check up to 3 options:

_____ Customer Service _____ Clerical _____ Recreation
_____ Bookkeeping _____ Gardening _____ Information Technology
_____ School Support _____ Other ()

4) Do you possess a valid Massachusetts Driver's License? _____ Yes _____ No

5) Do you have your own methods of transportation (*transportation is not provided for this program*)?

_____ Yes _____ No

EMERGENCY CONTACT

In the following section, please complete the information for your Emergency Contacts. Please note, this section must include at least two.

1) _____
First & Last Name Phone Number Relationship

2) _____
First & Last Name Phone Number Relationship

AGREEMENT

I authorize the Marlborough Council on Aging or the City of Marlborough to investigate information from this application for the purpose of community service with "SCRPT", the Senior Citizen Property Tax Work-Off Program. If accepted for community service with the City of Marlborough, I agree to comply with the rules of the "SCRPT" Program. To the best of my knowledge, all information provided in this application is accurate.

Applicant's Signature

Date