

SENIOR/VETERAN TAX WORK-OFF APPLICATION

Name: _____
Residential Address: _____
Mailing Address If Different: _____
Phone Number: _____
Complete Social Security Number: _____
Date of Birth: _____
Email address: _____

Please Check One

Senior Tax Work Off _____ Veteran Tax work Off _____

Part A: Eligibility Requirements (*These documents are required to be shown when you submit your application, but they will not be retained by the Town of Upton.*)

☐ Proof that you are at least 60 years old. (Copy of Driver's License or Birth Certificate)

☐ Proof that Upton is your primary residence. (Copy of most recent Real Estate tax bill)

☐ Proof of Military Service (If applicable)

Do you have special skills or work experience? Yes ____ No ____

Please describe your special skill/experience: _____

Part B: Work Environment

Please check three areas where you would like to work for the Town of Upton using #1 as your first choice and #3 as your last. While we will try to accommodate your choices, please note that we may not be able to honor your request.

Assessors ____ Town Clerk ____ Board of Health ____ Library ____ Council on Aging ____
Maintenance ____ Code Dept. ____ Police ____ Fire ____ Recreation ____ Treasurer ____

Do you have special skills or work experience Yes _____ No _____

Please describe your special skill/Experience: _____

If I qualify for the Senior Citizen or Veteran Tax Work-off program, I understand that I will earn a maximum \$1500.00 tax credit, which may be subject to back-up federal withholdings. The Board of Assessors will determine the maximum dollar that can be earned according to the state minimum wage laws.

Participant Signature

Date

CONFIDENTIALITY AGREEMENT

Whereas in consideration of being able to participate in the Upton Senior/ Veteran Tax Work-Off Program, the below signed participant may have access to information derived from files, conversations, or other materials that contains personal, confidential and/or proprietary information that would otherwise be exempt from public disclosure by applicable public records laws.

Now therefore, the below signed participant promises and covenants not to disclose and to hold confidential information, data, and documents to which he/she has access or may encounter in the course of his/her service to the Town of Upton through the Senior/Veteran Tax Work-Off Program.

Signature of Applicant

Printed Name of Applicant

Date

PARTICIPATION AGREEMENT

The Town of Upton, hereinafter "the Town" and _____ of _____, Upton MA, hereinafter "the participant" on this ____ day of _____, 20____ agree as follows:

The Participant will provide service to the Town between the first Saturday in November and October 31st.

It is agreed and understood by both parties that the actual work assignments may be made on a week-to-week basis and may vary according to the needs of the department to which the Participant is assigned. No assignments will be made to a department not listed unless arrangements have been made and approved in advance.

The nature of the work assignment shall be dictated by the needs of the Town and the head of the department to which the Participant is assigned.

The Participant is a volunteer in this program and is not entitled to benefits under any classification, compensation, or benefit schedule.

This Agreement will terminate on October 31, 20____, but may be terminated sooner at the discretion of the Upton Board of Assessors upon no less than seven (7) days written notice of termination, which shall be given or mailed to the Participant's residential address listed above.

Volunteer Participant: _____

Tax Work Off program: _____

Department Head: _____

STANDARD HOLD HARMLESS AND INDEMNITY CLAUSE

I, _____, through the signing of this document, indemnify, hold harmless and defend the Town of Upton and its agents and employees from all suits and actions, including attorney's fees and all costs of litigations and judgment of every name and description brought against the Town as a result of loss, damage or injury to person or property by reason of any act by:

Print Name

Signature