

**CITY OF SOMERVILLE  
MAYOR JOSEPH A. CURTATONE  
COUNCIL ON AGING**

**Snow Shoveling Referral Program  
Application Form**

**Personal Information**

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

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

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

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Phone (Daytime): \_\_\_\_\_

Phone (Evenings): \_\_\_\_\_

Job Required: (circle jobs as needed)

Sidewalks & Steps = \$15.00    Driveway (per spot) = \$15.00    Car = \$10.00  
Corner Lots = \$30    Car & Driveway (1 spot) = \$25.00  
Car & Parking Spot on Street = \$25

\*\*\* 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 Somerville Council on Aging/ Somerville Community Youth Program's Shoveling Referral 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. I will contact the Council on Aging in the event that a problem should arise. 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 below in the space provided.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

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