

City of Somerville Snow Shoveling Program  
Somerville Council on Aging  
167 Holland Street  
Somerville, MA 02144  
617-625-6600 extension 2300

Dear Applicant,

Thank you for your interest in the Somerville Snow Shoveling Program. Enclosed you will find a copy of the Snow Shoveling Application, Waiver of Liability and the CORI Form. We would like to remind you that not everyone will be matched, although it is our intention to match all applicants.

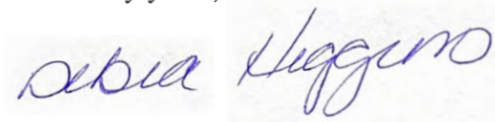
Program Requirements:

- Applicant must be able to pass the CORI check
- Home must be owner occupied
- Home cannot be larger than a 2-family
- Applicant must be age 60 or over or disabled.

Please note that if a snow storm happens during school hours you must wait to contact the shoveler until after school hours. Additionally, you must use the shoveler consistently throughout the snow season. If there is a problem, please feel free to call 781-490-3878

If the slots are filled you will be placed on a waiting list until a shoveler becomes available. All COVID 19 safety protocols will be observed to create a contactless experience. For assistance with completing this application and to discuss the completion of the CORI Form, please contact Debra Higgins at the Somerville Council on Aging, 617-625-6600 ext. 2321.

Sincerely yours,

A handwritten signature in blue ink that reads "Debra Higgins". The signature is written in a cursive style and is positioned above the printed name.

Debra Higgins  
Outreach Coordinator  
Somerville Council on Aging

Snow Shoveling Referral Program  
Application Form

Personal Information

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

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

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

Date of Birth: \_\_\_\_\_

Phone Daytime: \_\_\_\_\_ Phone Evenings: \_\_\_\_\_

Job Required: (circle jobs as needed)

Sidewalks & Steps (min. 36 inch path) = \$20.00      Driveway One Spot Only = \$20.00

Corner Lots = \$50.00      One Parking Spot On Street = \$25.00

\*\*\*To ensure the safety of the youth, in cases of extremely heavy snowfalls or extremely low temperatures, the assigned youth may not be available to complete the job.

By signing below, I am requesting to participate in the Somerville Council on Aging/ Teen Snow 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 in cash for their services, upon completion of the snow removal. Youth are NOT ALLOWED to use snow blowers and I will provide the snow shovel. I understand that the program will make every effort to pair me with a youth to shovel, but that shoveling is not guaranteed.

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

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

Council on Aging \_\_\_\_\_ Assigned to: \_\_\_\_\_

WAIVER OF LIABILITY

In consideration of participation in the city's snow shoveling referral program ("program"), I acknowledge and understand that I do so at my own risk and I voluntarily enter into this Waiver of Liability. I understand that my participation creates no contractual agreement with the City of Somerville beyond this Waiver of Liability, and that my agreement is between the snow shoveler and myself, without any involvement in any manner by the City of Somerville.

I hereby release the City of Somerville ("City"), its officers, employees, agents and servants from any liability for any action or inaction by the snow shoveler that may result in personal injury to me, or to any person entering upon my property, and I will indemnify and save harmless the City, its officers, employees, agents and servants from any liability resulting from any legal action I institute or any legal action taken against me, for any personal injury resulting from the removal of snow or failure to remove snow by a participant in this program.

It is further understood and agreed that this is a complete Waiver of Liability, that there are no other written or oral understandings or agreements, directly or indirectly, connected with this Waiver of Liability, and that this Waiver of Liability contains the entire agreement between the undersigned and the City of Somerville. This Waiver of Liability shall be construed that whenever applicable, the use of a singular number shall include the plural number and the use of the plural number shall include the singular number and shall be binding upon and inure to the benefit of the successors, assigns, representatives and legal representatives of the undersigned and the City of Somerville.

I HEREBY DECLARE THAT I HAVE HAD THE OPPORTUNITY TO DISCUSS THIS WAIVER OF LIABILITY WITH AN ATTORNEY, AND I UNDERSTAND, ACCEPT, APPROVE AND ADOPT ALL OF THE TERMS OF THIS WAIVER OF LIABILITY.

IN WITNESS WHEREOF, and intending to be legally bound hereby, the undersigned has set his hand and seal as of the date written below.

PROPERTY OWNER'S SIGNATURE

PRINTED NAME

\_\_\_\_\_ Somerville, Mass.  
PROPERTY ADDRESS

Date: \_\_\_\_\_ 20\_\_



THE COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
 Department of Criminal Justice Information Services 200  
 Arlington Street, Suite 2200, Chelsea, MA 02150  
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
 MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization .**

**Criminal Offender Record Information (CORI)  
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

\_\_\_\_\_ City of Somerville \_\_\_\_\_ is registered under the  
 (Organization)  
 provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to  
 \_\_\_\_\_  
 City of Somerville

(Organization)  
 to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing \_\_\_\_\_  
 City of Somerville  
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that \_\_\_\_\_ City of Somerville \_\_\_\_\_ may conduct  
 (Organization)  
 subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

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



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last SIX digits of Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

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