

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

Winter 2023-2024

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 3-family.
- Applicant must be age 60 or over or disabled.

Please note that if a snowstorm 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 Daniel Harris at 617-625-6600 ext. 2406.

If the slots are filled you will be placed on a waiting list until a shoveler becomes available. 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 dark ink, appearing to read 'Debra', followed by a long horizontal flourish.

Debra Higgins
Outreach Coordinator
Somerville Council on Aging

Somerville Snow Shoveling Referral Program Senior Application Form

Personal Information:

Name of Property Owner/Participant: _____

Address: _____

Email Address: _____

Date of Birth: _____

Daytime Phone Number: _____ Evening Phone Number _____

Type of Residence (please circle): Single Family 2 Family 3 Family

Job Required: (Circle jobs as needed)

Sidewalks & Steps (min. 36 inch path) = \$20.00

Driveway, One Spot Only = \$20.00

Corner Lots = \$50.00

By signing below, I am requesting to participate in the Somerville 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 youth to shovel my snow in a timely manner and will pay them in cash for services upon completion of the snow removal
- 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.
- Youth are unable to touch my vehicle, which includes moving the vehicle or removing snow from my vehicle.
- Youth are not allowed to use snow blowers.
- I will provide a snow shovel for the youth to use to remove the snow from my property.
- 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: _____

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"), it's 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 APPRVE 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

DATE

PRINTED NAME

_____, Somerville, MA
PROPERTY ADDRESS



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.

_____ 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

_____ 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 _____
(Organization)

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

I also understand, that _____ 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