

ARLINGTON COUNCIL ON AGING 27 MAPLE STREET ARLINGTON, MA 02476 (781)-316-3400

HARRY BARBER COMMUNITY SERVICE PROGRAM FY 2020 GUIDELINES

There will be five opportunities in this popular program for low and moderate income seniors to work in a municipal agency. Reimbursement to the senior is \$1,500.00 for completed Program participation, paid from COA program funds. Based on current minimum wage in Massachusetts, a maximum of 125 hours will need to be completed to receive the stipend.

Past participants have enjoyed involvement in such agencies as the Selectmen's Office, Robbins Library, Health and Human Services, Police and Fire Services, Department of Public Works, Human Resources, Veteran's Services, and Arlington High School.

<u>GOALS</u>: To employ qualified residents, age 60 and over, to enhance municipal service by utilizing the skills and abilities of seniors, and to increase senior citizen involvement in local government.

<u>ELIGIBILITY</u>: Minimum 60 years of age, retired Arlington resident and renter, application accompanied by required verifications. Maximum allowable income for Program participation is \$58,000 for a senior living in a single-person household, and \$88,000 for a married senior couple residing together. No Council on Aging Board Member is eligible. Eligible seniors may participate for a maximum of two years or longer at the discretion of the Council on Aging.

<u>POSITIONS</u>: There will be five participant openings available in this program for each fiscal year. Opportunities will exist in any town department that shows an interest in taking part. Job availability is determined by departmental needs.

<u>REIMBURSEMENT</u>: One thousand, five hundred dollars (\$1,500) will be earned for completing the required number of Program hours, as verified by department or division head, at the thencurrent minimum wage. The Massachusetts minimum wage for most employees is \$12.00 per hour. Seniors will receive one check when job assignment is completed.

<u>SELECTION</u>: Positions will be offered on the basis of qualification, availability, financial need, and location. Approval of application will be based upon the skill requirements of the requesting department head. If there are more applicants than available positions, those in the greatest need will receive first consideration.

<u>APPLICATION</u>: Available at the Council on Aging, 27 Maple Street, Arlington, MA 02476

<u>ACCEPTANCE</u>: Subject to the ability to place applicant in an available positions and applicant's ability to fulfill job requirements as determined by the Executive Director of the Arlington Council on Aging. Applicants have the right to refuse placements, but each applicant will be taken on a maximum of two interviews. Applicants may have the option to defer placement pending the possibility of other opportunities. However, there is no guarantee that additional positions will become available.



HARRY BARBER COMMUNITY SERVICE FY 2020 PROGRAM APPLICATION

Name	Telephone
Address	
Do you have a preference for a certain department? [] yes	[] no
If so, what department?	
Please state experience and/or any relevant skills in which r	night qualify you as a participant:
Are there any medical restrictions that limit your involveme If so, please explain:	ent or your ability to do certain kind of work?
Emergency Contact Name and Telephone: Relationship	
I understand that as a participant in the Harry Barber Comm thousand, five hundred dollars (\$1,500) from my work at an consideration may include financial need, qualification, ava limitation.	assigned town agency. I also understand that
Signature of Applicant:	Date:
Please return application, with verifications, to the Arlin	ngton Council on Aging,
 The following verifications must accompany application: Proof of Arlington Residency (rent receipt, phone bi I am 60 years or older [] I am retired [] Total Annual Income (verification all sources) 	lls, etc.)

• Total Annual Income (verification, all sources) ______ Maximum allowable income for Program Participation is \$58,000 for a senior in a single-person household and \$88,000 for a married senior couple residing together.

TIME SHEET – REIMBURSEMENT PROGRAM □Harry Barber Program □Senior Work Off Program

This time sheet is to be used by participants to keep track of hours, and is to be turned into the Council on Aging upon the completion of the program.

Name of Participant: _____

Department:

Department Head Signature:

Date	Number of Hours	Date	Number of Hours
Date		Date	