

Arlington Council on Aging
27 Maple Street
Arlington, MA 02476
781-316-3400



FY 24 Application- Harry Barber Volunteering Program

DUE BY OCTOBER 31, 2023

Date _____

Name of applicant _____

Address _____

Home Phone _____ Cell Phone _____

Email _____ DOB _____

Eligibility and Guidelines: Answers are confidential. Applicants meeting eligibility requirements will be considered for placement.

Please check the appropriate category:

- _____ Annual income up to \$57,000 Single
- _____ Annual income up to \$85,000 Married Filing Jointly
- _____ Annual income up to \$71,000 Head of Household

- Applicant must be age 60 or older and **rent** their Arlington home
- Maximum amount of \$1,500 annually per person after volunteering up to 110 hours
- W-4 and CORI (Criminal Offender Record Information) forms are part of the application (a copy of a picture ID is required for the CORI)

Have you participated in this program in the past? (yes/no) _____

Are there any unusual or extraordinary needs or expenses? _____

Placement Information

Please describe any training or job related skills that will help us evaluate your application for this program (i.e. computer skills, accounting, office , data entry, etc.)

Days and hours you are available to volunteer:

Agreement: If I qualify for the Harry Barber Volunteering Program, I understand that after I volunteer for 110 hours, I will be given a check for \$1,500 to be applied toward my monthly rent. Placement in this program is based on availability of suitable work. All applicants must adhere to town policies and a packet will be provided to each accepted applicant.

Signature _____ Date: _____