

QUESTIONS?

Contact the S.A.V.E.
Committee

Paula Bracken

Lorraine Carrozza

Bridgewater needs

YOUR Skill

YOUR Knowledge

YOUR Expertise



COMPENSATION:

Massachusetts minimum wage per hour for all positions, minus required payroll deductions

Maximum credit of \$1500 applied to senior's current real estate property tax obligations.

W-4 Forms Required

SELECTION:

Placements Determined by Dept. Heads

POSITIONS:

All Municipal Depts. funded by the general fund may participate.

From clerical work to sharing expertise in specific areas of needs, there are many opportunities to serve.

APPLICATIONS:

Forms available at the **Bridgewater Senior Center, Bridgewater Library and online @ www.bridgewaterma.org**

The application on the reverse side of this page should be returned to:

S.A.V.E. Committee

Bridgewater Senior Center

10 Wally Krueger Way

Bridgewater, MA 02324

S.A.V.E.

Senior Associates

Volunteer Experience

A Senior Citizen Voucher Program

Town of Bridgewater



GOALS:

To contract with qualified senior citizens to provide the benefit of their knowledge and experience to provide a credit for services rendered.

To enhance municipal services by using the skills of senior citizens.

To increase senior citizen participation in municipal government.

ELIGIBILITY:

Sixty (60) years of age or older

Assessed homeowner of property who's name must appear on the deed.

Resident of Bridgewater for at least 10 years and tax payer's name on deed

Occupies property for which credit is earned.

CORI Certification.

BRIDGEWATER S. A. V. E.

(SENIOR ASSOCIATES VOLUNTEER EXPERIENCE)

BRIDGEWATER SENIOR CENTER

10 WALLY KRUEGER WAY, BRIDGEWATER, MA 02324

(508) 697-0929



APPLICATION

Date: _____

Name: _____ Date of Birth: _____

Address: _____ Telephone #: _____

CIRCLE ONE

Over 60 (yes) (no) Homeowner (yes) (no)

Bridgewater resident for at least 10 years (yes) (no)

Statement of Qualifications: (work history, skills, abilities education)

Type(s) of position(s) preferred:

Hours available per week _____

Comments: _____

Resume attached (optional) _____

I understand that the maximum credit per calendar year is \$1,500.00, minus any applicable payroll deductions.

Signature of Applicant _____

To be submitted to the S.A.V.E. Committee

(S.A.V.E. Committee Use – Do Not Write Below This Line)

Application reviewed by _____

Department Head Recommendation _____

S.A.V.E. Committee Recommendation _____

Starting Date: _____