

**WALPOLE COUNCIL ON AGING  
STWOP and VTWOP APPLICATION FY25**

Name: \_\_\_\_\_

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

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

Are you 60 years or older? Yes \_\_\_ No \_\_\_ Date of Birth: \_\_\_\_\_

How many years you have owned a home in Walpole? \_\_\_\_\_

Is your house in a trust? Yes \_\_\_ No \_\_\_ (If yes, please provide a copy of the trust document)

Is this house your principal residence? Yes \_\_\_ No \_\_\_

How long have you lived in Walpole? \_\_\_\_\_

Are you a veteran? Yes \_\_\_ No \_\_\_

Have you participated in this program before? Yes \_\_\_ No \_\_\_

What Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Would you like to continue in this Department? Yes \_\_\_ No \_\_\_

Are you a full-time Walpole employee? Yes \_\_\_ No \_\_\_

Are you a Town of Walpole elected official, on a Town Board, Committee or Commission?

Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

Please indicate your work experience (you may attach a resume or use back of application if additional space is needed): \_\_\_\_\_

Do you have any physical restrictions that would interfere with working in certain areas? If yes, explain: \_\_\_\_\_

Are you interested in any particular department? Yes \_\_\_ No \_\_\_

If yes, which one? \_\_\_\_\_

**COMPLETED FORMS DUE TO THE COUNCIL ON AGING ON OR BEFORE 10/27/2023.**

**LOTTERY FORM**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_