

**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: _____