

TIGERS VOLUNTEER TAX EXCHANGE PROGRAM
Tax Incentives Generate Empowered Residents and Seniors
Tigers Volunteer Application Form

Name: _____

Phone Number(s): _____

Birthdate: _____ Age: _____

Address: _____

Mailing Address (if different) _____

My experience/expertise is in the following areas:

My preference would be to add value to the Borough of Fleetwood in the following way(s):

By signing this application I agree that in the event I am injured in the course of my volunteer efforts with the Borough of Fleetwood, I will not hold responsible the Borough of Fleetwood, or any of its Council members, employees, or other volunteers.

Signature

Date

h. The following Financial Need Assessment Information Form shall be submitted to the Borough in order to participate in TIGERS:

TIGERS VOLUNTEER TAX EXCHANGE PROGRAM
Tax Incentives Generate Empowered Residents and Seniors
Financial Need Assessment Information Form

Name: _____

Phone Number: _____

Address: _____

Mailing Address (if different) _____

Range of last year's income: (Include all earned and unearned income: Social Security, retirement, annuities, interest, etc.)

_____ Below \$10,000

_____ \$20,000 - \$25,000

_____ \$10,000 - \$15,000

_____ \$25,000 - \$30,000

_____ \$15,000 - \$20,000

_____ Above \$30,000

Are you the sole owner of the Fleetwood residence? _____ Yes _____ No

If no, please identify the other record owners of the residence and your relationship to them. Please also indicate the combined total income for all of the owners of the residence.

Comment on any other circumstances relevant to your financial need status:

Signature

Date

- i. All volunteer work completed in current calendar year shall qualify the participating resident for a rebate of the following fiscal year's Borough taxes.

WAIVER AND RELEASE FOR BACKGROUND INVESTIGATION

I, _____ (Name of Applicant), hereby give the Borough of Fleetwood the right to perform an investigation and background check in order to secure employment and/or to volunteer with the Borough of Fleetwood. I release from all liability and claims any and all persons, companies and corporations (public & private) supplying any information whatsoever to representatives of the Borough of Fleetwood. This includes and is not limited to parties with whom I have entered into a written or oral agreement which contains a confidentiality clause. I release, indemnify and hold harmless the Borough of Fleetwood its officials, officers and employees from and against any and all liability which might result from conducting such an investigation.

Date

Signature

Witness

Social Security #

Date of Birth

I certify that there are no misrepresentations, omission, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and made in good faith.

I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from the borough's service if I have been hired.

I hereby authorize investigation of all statements contained in this application.

In the event that I am hired, and in consideration of any employment, I agree to conform to the rules and regulations of the Borough of Fleetwood. I understand that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Borough of Fleetwood or myself. I understand that no employee or agent of the Borough of Fleetwood is authorized to offer me an employment relationship other than one which is terminable at will.

Date _____ Signature _____

Witness