



Town of  
**Raynham**  
Massachusetts

## SAVE

### Senior Association Volunteer Experience Department Request

Department/Site Name \_\_\_\_\_

Position

Job Title

Briefly describe work/tasks

Requirements for position

Department head requesting \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date of request \_\_\_\_\_

All applicants must adhere to the program requirements. All department heads must go through the SAVE committee when seeking to fill positions, and may not hire directly, thereby denying all qualified candidates appropriate consideration. Please send this document to [emoura@town.raynham.ma.us](mailto:emoura@town.raynham.ma.us) or fax to Elizabeth Moura, 508-824-2760.

When candidate is selected by a department head the candidate must then be sent to the Office of the Treasurer/Collector to fill out the appropriate tax documents.

Updated 2/2/18

# SAVE PROGRAM

## Department Work Log

Start Date \_\_\_\_\_

Tax Payer's Name \_\_\_\_\_

Department \_\_\_\_\_

PLEASE POST IN OFFICE. TO BE UPDATED AND APPROVED DAILY.

Date	Time In	Time Out	Total Hours	Tax payer initials	Approver initials

Maximum Hours is 100 hours per period January 15 to December 15 of current year.

Department Head Signature \_\_\_\_\_

Date \_\_\_\_\_



Town of Raynham  
Treasurer/Collector  
558 South Main Street  
Raynham, Massachusetts 02767

[www.town.raynham.ma.us](http://www.town.raynham.ma.us)

Tele: (508) 824-2702  
Fax: (508) 824-2710

## CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, agree with the following statements:

I understand that I may come in contact with confidential information during my time in the S.A.V.E Program. As part of the condition of my work in the \_\_\_\_\_ Department/Office, I hereby undertake to keep in strict confidence any information regarding any employee of the Town of Raynham or taxpayer that comes to my attention. I will do this in accordance of applicable laws.

I also agree to never remove any confidential material of any kind from the premises of the \_\_\_\_\_ Department/Office.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature of Department Head)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2018

# SAVE PROGRAM

## FY 2019 Application for Senior Tax Exemption

Please return this application to the Assessors' Office, Veterans Memorial Town Hall, by  
December 15, 2019

*(Please print.)*

DATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

PROPERTY RECORD OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
Taxpayer's Signature

\_\_\_\_\_  
Certification the taxpayer stated above worked \_\_\_\_\_ hours @ \$10.00 credit  
per hour.

\_\_\_\_\_  
Department Head Signature

MAP \_\_\_\_ LOT \_\_\_\_