

Borough of
West Wildwood
Small Town Charm on the Back Bay



**WW SHOVELS VOLUNTEER INITIATIVE
PARTICIPANT FORM – SENIOR CITIZEN(S)/DISABLED ONLY**

Application Date: ____ / ____ / ____

Name: Last: _____ First: _____ MI: _____ Age: _____

Name: Last: _____ First: _____ MI: _____ Age: _____
(Spouse that lives in the household, if any)

Address: _____ Phone: _____

Please list all individuals that live in your house:

Name: Last: _____ First: _____ MI: _____ Age: _____

Name: Last: _____ First: _____ MI: _____ Age: _____

Name: Last: _____ First: _____ MI: _____ Age: _____

Name: Last: _____ First: _____ MI: _____ Age: _____

Identify and Residency proof:

- **Driver License**
- **Utility Bill**

Copy of both (2) proof of residency should be attached to this application

MAIL COMPLETED FORM AND PROOF OF RESIDENCY TO:

ATTN WEST WILDWOOD CLERK
701 WEST GLENWOOD AVENUE
WEST WILDWOOD, NJ 08260

*****FOR OFFICIAL USE ONLY*****

00408106

Received by: _____ Initial

Date: _____