



**NW 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 NORTH WILDWOOD ADMINISTRATION  
901 ATLANTIC AVENUE  
NORTH WILDWOOD, NJ 08260

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

Received by: \_\_\_\_\_ Initial

Date: \_\_\_\_\_