

**SUFFIELD**  
*sidekicks*  
**Senior Application**

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you live alone?  Yes  No

If you answered no, please list who you live with:

Name(s): \_\_\_\_\_

What is their relationship to you?  Spouse  Daughter/Son  
 Other: \_\_\_\_\_

Do you have any physical disability or ailment that makes it difficult for you to move?  Yes  No

If you answered yes, please describe: \_\_\_\_\_

\_\_\_\_\_

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**SENIOR AGREEMENT**

I have read the **Suffield Sidekicks Senior Agreement** and agree to the terms set forth for the **agreement, background check, and Indemnification and Hold Harmless agreement** in order to participate in the Suffield Sidekicks program.

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



# SUFFIELD sidekicks

## Senior Application

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What kind of jobs do you need help with?

- Yard work - raking, weeding, planting, wood stacking, etc.
- Light house work - dusting, vacuuming, etc.
- Computer assistance

I give permission for pictures and videos to be used in Suffield Youth Services brochures, websites, print publications, and social media.  Yes  No

Is there anything else that may be pertinent for us or the teen to know prior to starting?

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### FOR OFFICE USE ONLY:

Received on: \_\_\_\_\_

Senior Center Coordinator Signature: \_\_\_\_\_

Background check completed on: \_\_\_\_\_

