CITY OF BOWIE
SENIOR CITIZEN/ DISABLED RESIDENT ASSISTANCE PROGRAM
301-809-3014

As a public service and in an effort to assist senior citizens and handicapped individuals with financial and/or physical limitations, the City maintains a list of adult volunteers who have offered their time and expertise. If you are a resident of the City of Bowie and are either a Senior Citizen or disabled individual with limited financial resources and are in need of assistance to rectify a City code violation or potential violation, please complete this application and bring or mail it to:

City of Bowie Senior Citizen/Disabled Resident Assistance Program
Bowie City Hall
15901 Excalibur Road
Bowie, MD 20716

(Please Print):

Name:_____ Phone #: (h)_____ (c)_____

Address:_____
Street City State Zip Code

E-mail address:_____

SERVICE(S) NEEDED: (may include exterior projects including lawn and yard work, odd jobs, painting, shoveling snow, minor repairs, etc.)

_____

_____

This is a volunteer service. No fee is to be charged.

I _____ agree to participate in the City of Bowie's Volunteer Assistance Program. I understand that the City of Bowie does not pre-screen or interview prospective volunteers or residents requesting assistance. It is my responsibility to contact the volunteer and arrange for services. I release and discharge the City of Bowie from all claims of damages, demands, actions, and causes, in any manner arising or growing out of my participation in this program.

Signature:_____ Date:_____

Printed Name:_____

Note: We do not interview or pre-screen volunteers or residents requesting assistance, so we encourage both parties to interview each other by phone or in person before deciding to continue. We appreciate all follow-up comments from both volunteers and those requesting help. The City assumes no responsibility for the quality of services to be rendered nor does it assume any liability for an act or omission of the ensuing from or related to the referral or services rendered in connection with referrals.