THE WISHING WELL



CREATED BY THE

YORK COUNTY ELDER ABUSE TASK FORCE

AN OPPORTUNITY FOR YORK COUNTY RESIDENTS AGE 65 AND OVER TO HAVE A LIFELONG WISH FULFILLED

OUR GOAL IS TO MAKE THAT WISH COME TRUE



**Welcome to the Wishing Well!**

This is your opportunity to fulfill a lifelong wish - something you have always wanted to do,

to say, to see, to hear, somewhere you have always wanted to go, or someone you have always wanted to meet.

Life is about living and we want to help you live your life to the fullest…

With no wish left behind.

The Wishing Well is an opportunity for residents of York County age 65 and over

to think about that one wish they have had that was never fulfilled

due to the demands of a life well-lived.

It is our goal to make that wish come true.

For you.

Please submit your application no later than 10/01/2017.

**Guidelines**:

1. All applications that are submitted by 10/01/2017 will be considered.
2. Applicants may submit an application. If you are nominating someone else,

please let that person know that you are nominating them.

1. Although we would love to grant everyone’s wish, we cannot. Applications will be shredded at the conclusion of the selection process to maintain confidentiality of those not selected.
2. For Official Rules, please mail your request to the York County Elder Abuse Task Force, 4 Summer Street, Kennebunk ME 04043



Name of person to be considered for a granted wish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nominator (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a separate sheet of paper please describe the wish to be considered. Please include the life history and/or background related to the wish and why it is important or significant for this individual to be selected to have the wish granted. Attach no more than two typed or clearly written pages.

Also, please include any special accommodations that will be needed to assist in the wish fulfillment.

Please mail completed applications to:

Kennebunk Police Department

York County Elder Abuse Task Force

C/o Candice Simeoni

4 Summer Street

Kennebunk ME 04043

Phone: 207-604-1365

Fax: 207-985-8769