

Application for Snow Angel Service

NOTE: Due to limited resources available, there is no guarantee that all applicants will receive this service

Date: _____

Name: _____

Address: _____ Postal Code: _____

Phone Number _____

Email Address: _____

How did you hear about Snow Angels? Friend _____ Advertising _____

Another Agency/Organization: _____ Other: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Phone Number _____

Relationship to you: _____

CRITERIA FOR SNOW ANGELS PROGRAM

This program is designed for residents who have a condition or disability (temporary or permanent) preventing them from participating in snow clearing activities.

Residents have no other capable members residing in their home.

Eligible applicants must also have an annual gross income which falls in line with the Alberta Government financial assistance programs for seniors.
(Single senior - \$29,010. Senior Couple - \$46,440.)

Please indicate your annual gross income _____

Current Notice of Assessment must accompany the application.

Mobility Concern: _____

Are there any dogs that might be in the yard when a snow shoveller comes?

Yes No

Area(s) that need to be shoveled (driveway/sidewalk)

Yes No

I have read the information package, and I am aware of the safety risks associated with Snow Angels. I agree to follow the terms and conditions outlined in the information package.

Yes No

I consent to Volunteer Centre Coordinator providing my first name, address and contact phone number to my matched volunteer.

Yes No

As outlined in the information package, I understand that this is a volunteer engagement until the end of the winter/snow season without financial remuneration.

Yes No

I understand that all concerns and complaints will be directed to the Volunteer Centre Coordinator.

Yes No

There are times that the volunteer is unavailable to shovel due to (but not limited to) illness, work conflict, or holiday. The volunteer will contact you and the Volunteer Centre Coordinator if they will be away. The Volunteer Centre Coordinator will do their best to replace your current volunteer, but this is not guaranteed. This is dependent on how many volunteers are registered.

Signed _____ Date _____

These are the procedures that are followed at Wellness and Community Connection.

Sylvan Lake Volunteer Centre has a Safe and Respectful Environment Guidelines.

The Sylvan Lake Volunteer Centre supports a safe and respectful environment for clients, volunteers, staff, and patrons.

Upon the discretion of the WCC Volunteer Centre Coordinator, the following behaviors may result in termination from the program.

- Yelling and being verbally abusive towards staff and/or volunteers.
- Threatening behaviors toward staff and/or volunteers.
- Swearing and name calling at staff/or volunteers.
- Continual complaining about a volunteer and/or service after the WCC Volunteer Centre Coordinator has investigated the complaint and determined that there has been no wrongdoing by the volunteer that would negatively impact the service being provided.
- Expecting the volunteer to continually provide support beyond the designated role of the volunteer. Which includes shoveling more than sidewalk/driveway.

Your signature below indicates that you have read, understand, and will adhere to the Sylvan Lake Volunteer Centre Safe and Respectful Environment Guidelines.

Signature: _____

Date _____

ACKNOWLEDGEMENT OF RISK STATEMENT

I, _____ the undersigned, wish to participate in the Town of Sylvan Lake WCC Snow Angels Program in Sylvan Lake, AB. In pursuance of my desire to participate on this activity/event, I make the following statement. (Circle which one fits).

A – I have participated in this type of activity/event previously.

OR

B – I have not participated in this type of activity/event previously.

I do understand and acknowledge that there are hazards/risks which are either associated with this activity/event and/or are inherent in their nature, any one of which could result in adverse effects through my participation in this activity/event.

Some hazards and/or risks could include:

1. Damage to equipment, materials, or residence related to the Snow Angel Program.
2. The actions or negligence of the participant or users of the Snow Angel Program.
3. The actions or negligence of the Town of Sylvan Lake or its council, officers, employees, volunteer, agents, invitees, or representatives of any kind (collectively referred to as the 'Municipality')
4. Additional risks arising out of the Snow Angel Program and related events and activities.

Additional Program Information:

1. User of this services MUST notify the Town of Sylvan Lake Volunteer Centre Coordinator immediately if there is an issue with the service, such as a volunteer has not done an adequate job clearing the snow and it poses a hazard.
2. The Program is not acting as an independent contractor in any way in providing this service.
3. Applicants are not guaranteed a volunteer, and residents will be provided with a Snow Angel on a first come first served basis as long as the applicant meets the eligibility criteria.

I understand that the above are some, but no all, of the normal hazards/risks which are associate with the conditions under which this activity/event takes place, and that any one of these might result in damage or adverse effects to myself or my property. I believe that these hazards/risks are inherent in the nature of the activity itself and, therefore, I also believe they are conditions over which the organization(s) named above and/or below have no control. Accordingly, due to my desire to participate in this activity/event, I willingly accept these hazards/risks, as well as those of similar nature to those enumerated above, in full and I agree to not hold the Town of Sylvan Lake and/or Sylvan Lake Wellness and Community Connection of their servants, volunteers, agents, or employees responsible, or financially accountable for damage, injuries, or the consequences of injuries which I might sustain through these hazards and risks.

Signature: _____

Date: _____

The personal information on this form is collected under the authority of Section 33 (c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*. If you have any questions or concerns about the collection and use of this information, please contact the FOIP Coordinator of the Town of Sylvan Lake at 403-887-2141.