

APPLICATION FOR THE SNOW ANGELS PROGRAM

NOTE: DUE TO LIMITED RESOURCES AVAILABLE, THERE IS NO GUARANTEE THAT ALL APPLICANTS WILL RECEIVE THIS SERVICE

Name: _____

Address: _____ Postal Code: _____

Daytime Phone: _____ Cell Phone: _____

Email Address: _____

How did you hear about Snow Angels?

Friend Advertising Another Agency/Organization: _____ Other: _____

Who is your primary contact? _____

In the event that the main contact is unable to follow up, the information will be shared between the other contact/client on file. _____ Client Initials

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to you: _____

Phone Number: _____

CRITERIA FOR THE ADOPT-A-DRIVEWAY PROGRAM

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

Eligible applicants must also have an annual gross income which falls in line with the Alberta Government financial assistance programs for seniors. **(Single senior- \$25,230 or less, Senior Couple - \$39,920 or less)**

Please indicate your annual gross income: _____

Mobility Concern: _____

Residents who have no other capable members residing in their home or neighborhood.

Does the resident meet this criteria?

Yes No

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

Yes No

Area that needs to be shoveled (driveway/sidewalk):

DISCLOSURE

- 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 Snow Angels providing my first name, address and contact telephone 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 program coordinator. The Town of Sylvan Lake has a strict abuse policy and failure to comply could be terms for dismissal from the program.
- Yes No There are times that the volunteer maybe 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 Coordinator will do their best to replace your current volunteer, but this is not guaranteed. This is dependent on how many volunteers are registered. You may be required to find a replacement at your cost, if the Volunteer Centre Coordinator is unable. If you qualify, seniors can get funding for yard and snow care.
- Yes No Verbally discussed all area's over the phone and verbal consent provided

Signed _____ Date _____

OR

Verbal Consent received by resident _____ by staff member _____
on date _____ at _____ time of day.

These are the procedures that are followed at FCSS/Lakeview Parent Link

Sylvan Lake Volunteer Centre 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 FCSS Volunteer Centre Coordinator, the following behaviors may result in termination from the program:

- Yelling and being verbally abusive towards staff and/or volunteers
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- Continual complaining about a volunteer and/or service after the FCSS Volunteer Centre Coordinator has investigated the complaint and determined that there has been no wrong doing 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.

Client Name

Date

OFFICE USE

Matched Volunteer: _____ Phone Number: _____

Yes No Signed Consent form on file

Follow up/Notes:

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ACKNOWLEDGEMENT OF RISK STATEMENT

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

- A. I have participated in this type of activity/event previously and,
or
- B. Although I have not participated in this type of activity/event previously,

I do understand and acknowledge that there are particular 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 Angels Program
- 2. The actions or negligence of the participant or users of the Snow Angels Program

3. The actions or negligence of the Town of Sylvan Lake or its council, officers, employees, volunteers, agents, invitees, or representatives of any kind (collectively referred to as the 'Municipality')
4. Additional risks arising out of the Snow Angels Program and related events and activities

Additional Program information:

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Date

Signature of Participant

OR

Verbal Consent received by resident _____ by staff member _____
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Does the resident meet this criteria?

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Please indicate your annual gross income: _____

Mobility Concern: _____

Residents who have no other capable members residing in their home or neighborhood.

Does the resident meet this criteria?

Yes No

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

Yes No

Area that needs to be shoveled (driveway/sidewalk):

DISCLOSURE

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4. Additional risks arising out of the Snow Angels Program and related events and activities

Additional Program information:

1. User of the services MUST notify the Town immediately if there is an issue with the service such as the 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

I understand that the above are some, but not all, of the normal hazards/risks which are associated 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/event 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 a similar nature to those enumerated above, in full and I agree not to hold the Town of Sylvan Lake and/or Sylvan Lake FCSS, or any 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.

Date

Signature of Participant

OR

Verbal Consent received by resident _____ by staff member _____
 on date _____ at _____ time of day.

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* for the purpose of processing and is protected by the 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.