



# Snow Angels Recipient

Resident Information and Application Package

## **SNOW ANGELS - Program Information for Residents**

### **What is the Snow Angels program?**

Snow Angels is a volunteer program where individuals, organizations, businesses, families, or groups (anyone willing!) can commit to removing snow from the walks and driveway of a resident of Wainwright who requires assistance during the winter season. Interested residents can contact The Community Coordinator at Wainwright FCSS and be matched with a volunteer in their neighbourhood. The volunteer is committed to the same resident throughout the winter season and the Community Coordinator will contact the resident when matched. The volunteer is committed to the same resident throughout the campaign but may adopt more than one resident if desired.

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### **Who is eligible to be a recipient of the Snow Angels program?**

Anyone who resides in the Town of Wainwright with a legitimate reason preventing them from removing snow on their property. This could include, but is not limited to: seniors, those with a disability (temporary or permanent), individuals with mobility issues, or those with other barriers preventing them from going out and clearing their walks.

### **Do you screen your volunteers?**

Yes. All volunteers must provide a signed legal waiver to participate. However, Wainwright FCSS assumes no responsibility for the volunteers' actions. We invite participants to give us a call with any concerns or questions.

### **How will I be connected with the volunteer?**

After the volunteer provides their completed waiver, we will match them to a resident and give them the resident's first name and street number. Once they've been given your basic information, the Community Coordinator will call the resident within the week to inform them of the volunteer's first name.

### **What if the volunteer needs to call/come to my home?**

If the volunteer fails to call to set up the service, the resident is encouraged to phone the Community Coordinator to discuss the matter further. The Community Coordinator will then contact the volunteer and attempt to address any issues that may have arisen.

Volunteers are expected to come and clear the resident's snow within 48 hrs of snowfall, as per Wainwright's snow removal bylaw. If they cannot attend, they will be expected to call the Community Coordinator to set up a time or alternate plan for snow removal. If your volunteer has not come to remove the snow, please call the Community Coordinator at **780-842-2555**. The Community Coordinator will contact the volunteer and if possible, arrange for a replacement.

### **How long is the service?**

The service will be provided for the length of the winter season (as long as snow is falling).

### **Am I guaranteed this service?**

As this is a volunteer service, our availability for the service is based on the amount of volunteers we receive. We will make every effort to ensure you are matched with a volunteer, but cannot guarantee how soon or for how long an individual can commit.

### **Do I need to provide the tools?**

Generally, yes. If you don't have a shovel or other snow removal option please note this in your application so we can ensure that there are arrangements made. When you connect with your volunteer, please make sure that you show them where the tools will be stored and ensure they can be easily accessed throughout the service by the volunteer.

### **What areas of my property will be cleared?**

The volunteer's main concern will be clearing entryways and sidewalks. During your first contact with your volunteer, you can indicate what areas you would like cleared. It is the resident's responsibility to let the volunteer know of any barriers or hazards when clearing areas of the property.

### **Is there a fee for this service?**

No. At no time will you be required to pay or give anything including gifts to the volunteer. If the volunteer requests anything from you (money, goods, loans, food, favours, etc.), please contact the Community Coordinator immediately, as this is not appropriate for the program.

### **I would like to thank my volunteers for their service. What can I do?**

If you would like to thank your volunteer, you are most certainly allowed. We encourage you to think of things like a simple thank-you card or a hot chocolate.

### **Concerns, Complaints, and Feedback**

Any concerns, complaints, or feedback can be directed to the Community Coordinator.

We welcome any feedback you may have on improving the program in the future!

### **How do I apply?**

Submit a Resident Application Form to Wainwright & District Family & Community Support Services

Attn: Community Coordinator

Fax: 780-842-5783

Drop Off: 902 5 Ave Wainwright AB T9W 1C7

**When we receive your application, you will then be added to our resident participant list and will be contacted to discuss a match when one becomes available.**

## APPLICATION FOR THE SNOW ANGELS PROGRAM (Resident)

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

### Contact Information:

Name: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### Emergency Contact Information:

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

Please note: If your volunteer is unable to contact you at any time during the winter season, we may contact your emergency contact to get in touch.

### Criteria and Disclosure

Reasoning for needing someone to shovel your walks:

\_\_\_\_\_  
\_\_\_\_\_

Describe the areas that require snow removal ( Sidewalk to door; Driveway; Side entrance; etc)

\_\_\_\_\_  
\_\_\_\_\_

Will you require someone for the entire winter season or part?

Full Season

Part Season, length of time: \_\_\_\_\_

Circle one: **I have /OR/ do not have** a shovel or other means of snow removal that the volunteer may use on my property.

**Please initial each statement below:**

\_\_\_\_\_ 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.

\_\_\_\_\_ I consent to Snow Angels providing my first name, address, and contact telephone number to my matched volunteer.

\_\_\_\_\_ I understand that all concerns and complaints will be directed to the Community Coordinator.

\_\_\_\_\_ I understand that there are times that the volunteer may be unavailable to shovel due to (but not limited to) illness, work conflict, or holiday. The volunteer will contact you and/or the Community Coordinator if they will be away. The Community Coordinator will do their best to replace your current volunteer, but this is not guaranteed.

I understand that upon the discretion of the Wainwright & District Family & Community Support Services; Community Coordinator, the following behaviours may result in termination from the program:

- Yelling and being verbally abusive towards staff and/or volunteers
- Threatening behaviours towards staff and/or volunteers
- Swearing and/or name-calling at staff and/or volunteers
- Continual complaining about a volunteer and/or service after the Community 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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Verbal consent received from resident: \_\_\_\_\_ by

staff member \_\_\_\_\_ on (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 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 Community Coordinator at 780-842-2555.*

## Acknowledgment of Risk Statement

I, \_\_\_\_\_ the undersigned, wish to participate in Wainwright & District Family & Community Support Services Snow Angels Program in Wainwright, AB. In pursuance of my desire to participate in this activity/event, 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 (but are not limited to):

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

I hereby agree to contact the Community Coordinator immediately if there is an issue with the service (such as inadequate clearing of snow that poses a hazard).

I understand and acknowledge that the Snow Angels Program is not acting as an independent contractor in any way 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 Wainwright & District Family & Community Support Services, 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.

Signature of Participant: \_\_\_\_\_

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

### **OR**

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

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**FOR OFFICE USE ONLY:**

Matched Volunteer: \_\_\_\_\_

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

\_\_\_\_\_ Consent form on file

Followup/notes: \_\_\_\_\_

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