



Snow Angels Volunteer

Volunteer Information and Application Package

SNOW ANGELS - Program Information for Volunteers

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 is in need of assistance during the winter season. Interested residents can contact the Community Coordinator at Wainwright FCSS to be matched with a volunteer in their neighbourhood. The volunteer is committed to the same resident throughout the winter season and will contact the resident when they're matched.

Why Volunteer?

Snow Angels is a proactive approach to helping those who have difficulty or no capable means of clearing their driveway. Rather than scrambling for support and help after a major snowfall, resources for these residents will be in place in advance which provide peace of mind and more consistency to relief efforts.

Being a "Snow Angel" is also a fun and healthy opportunity for citizens of all ages to enjoy the outdoors while making a personal contribution to improving the quality of life of another in need. It also fosters a sense of ownership and goodwill, encourages civic responsibility and pride in the community and builds appreciation and connection between citizens of all ages.

Studies have shown that when citizens actively work together for each other, crime decreases, health improves, resources can be redistributed and quality of life becomes better for all.

Who should take part in the Snow Angels program?

People of all ages can take part. Individuals, organizations, businesses, work units, classrooms, families, church groups, and groups of youth are all encouraged to become a "Snow Angel"!

What do I need to get involved?

Volunteers will need to fill in an application and provide a valid RCMP Criminal Record Check (We will provide a letter to take to the RCMP stating you are a volunteer, so there is no charge). **Youth DO NOT require a criminal record check**—just the information filled out in this package. Other than that, you only need to be physically able to shovel snow and have a desire to help a neighbour!

How often does the resident's property need to be cleared?

Snow should be cleared within 48 hours of a snowfall, as per the Town of Wainwright snow removal bylaw. If you cannot make it to the resident's home within 48 hours, please contact the resident to reassure them of when you can make it.

What areas of the property should be cleared?

When you make initial contact, you will discuss which areas of the property need snow removal. This is also a good time to discuss any barriers or hazards that could impede the snow removal on their property. Generally, the volunteers would clear the sidewalks and driveway of the resident's home. It is the responsibility of the resident to ensure that the property is safe.

How long is the commitment?

The nature of the Snow Angels program is to provide a resident in need with regular service until the end of the winter/snow season. However, we will never decline a volunteer with a snow shovel or blower! We will make sure that everyone who wants to shovel gets paired with a resident in need, even if it is only a one-time commitment. If you will be away, it is best to let your resident know ahead of time and if you can, provide an option for replacement during your absence. If you are still looking for someone to shovel for you, please contact the WDFCSS Community Coordinator to discuss your options.

Can I accept tips from my resident?

Since the program is a volunteer-based initiative we want to avoid setting any precedent that a fee or regular financial reward is with the service, so we ask that you do not accept any financial compensation (tips or otherwise). Call us with any concerns that may arise. Residents may want to show their appreciation with a thank you card or a hot chocolate. These small gestures are acceptable.

Concerns, Complaints or Feedback

All residents are instructed to direct any concerns, complaints or feedback to the Community Coordinator. If a resident addresses you directly with this information please contact the Community Coordinator for follow-up.

How do I become a volunteer?

Submit a completed Volunteer Application Form, a government-issued photo ID with your current address, and a valid RCMP Criminal Record Check to the Community Coordinator.

Email: Community@wainfcs.ca

Drop Off: 902 5 Ave Wainwright AB T9W 1C7

Once your application is approved, we will contact you with your resident's information.

APPLICATION FOR THE SNOW ANGELS PROGRAM (Volunteer)

Note: If the applicant is a minor, please have a guardian go through this form with the applicant and sign on their behalf.

Contact Information:

Name: _____

Guardian (if applicant is a minor): _____

Address: _____ Phone: _____

Email address: _____

Emergency Contact Information:

Name: _____ Phone: _____

Relationship to you: _____

Please note: If your resident 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

Do you have your own snow removal equipment (shovel) in the case that the resident does not?

Yes No

Do you agree to obtain a valid RCMP Criminal Record Check (if the age of majority)?

Yes No

How did you hear about Snow Angels?

In Person Newsletter Friend Other: _____

If you would like to volunteer for more than one resident, please indicate how many residents you're willing to help here: _____

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 agree to contact the resident that I am matched with by phone within one (1) week of being matched with them to connect and set the terms of my volunteer service (areas shovelled, where tools will be located).

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

_____ I understand that if I am unavailable to shovel due to (but not limited to) illness, work conflict, or holiday it is my responsibility to contact my resident and make alternate arrangements (another time, etc.) if I cannot contact my resident, it is my responsibility to contact the Community Coordinator to discuss my options.

_____ I understand that I am allowed to refuse unsafe work if the resident asks for it, and in this case will immediately call the Community Coordinator to discuss this.

_____ I understand that I am committing to volunteer for the entirety of this winter season.

FOR MINORS ONLY

_____ As a guardian, I understand that it is my responsibility to supervise my child's activities when completing volunteer work as part of the Snow Angels Program to ensure that my child is using equipment safely and maintaining safe practices.

Signed: _____ Date: _____

OR

Guardian: _____ 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 (Adult)

I, _____ the undersigned, wish to participate in the Snow Angels Program at Wainwright & District Family & Community Support Services in Wainwright, Alberta. In pursuance of my desire to participate in this activity/event, I make the following statement: I 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 my sustaining personal or bodily injury through my participation in this activity/event.

Some hazards and/or risks could include:

1. Snow removal from a resident's home
2. Lifting shovel and snow if required
3. Bending to remove snow
4. Spreading ice salt if required

I understand that the above are some, but not all, of the normal hazards/risks which are associated with the physical conditions under which this activity/event takes place, and that any one of these might result in minor or serious bodily injury being occasioned to myself. 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 Wainwright and/or Wainwright & District FCSS, or any of their servants, agents or employees responsible, or financially accountable, for injuries, or the consequences of injuries which I might sustain through these hazards and risks.

Date

Signature of Participant

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ACKNOWLEDGEMENT OF RISK STATEMENT FOR MINORS

I/WE _____, being the parent(s) and/or legal guardian of, _____ the undersigned, wish to allow _____ to participate in the Snow Angels Program at Wainwright & District Family & Community Support Services in Wainwright, Alberta. In pursuance of our desire to allow _____ to participate in this activity/event, I make the following statement: I 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 sustaining personal or bodily injury through my participation in this activity/event. Some of the activities the volunteer will be taking part in:

1. Snow removal from a resident's home
2. Lifting shovel and snow if required
3. Bending to remove snow
4. Spreading ice salt if required

I understand that the above are some, but not all, of the normal hazards/risks which are associated with the physical conditions under which this activity/event takes place, and that any one of these might result in minor or serious bodily injury occurring. 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 allow participation 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, agents or employees responsible, or financially accountable, for injuries, or the consequences of injuries which I might sustain through these hazards and risks.

Date

Signature of Parent or Guardian

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