100 Ordze Avenue, Sherwood Park, AB T8A 4X3 Phone: 780.464.4242

To qualify for LawnBusters you must meet the following criteria:

* Strathcona County resident
* Net annual income does not exceed:
	+ Single: $23,965
	+ Couple: $43,785
* physically unable to maintain the yard
* are solely responsible for maintaining the yard
* there are no persons in the residence that are physically able to maintain said yard
* own the needed lawn-care equipment (lawnmower/trimmer in good working condition)
* are able to provide fuel or power for the above mentioned equipment

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yard work request (check all that apply):

* Front lawn
* Border trimming
* Back lawn
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there someone you would like us to contact in the event of an emergency? (Optional)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Continued on reverse 🡺

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I, the undersigned resident of the property above, grant permission to the Volunteer Strathcona Centre (“Volunteer Strathcona”) and its volunteers to enter my property for the purpose of yard maintenance and I certify that all the information I have provided in this application is true and correct, to the best of my knowledge.

I agree that the Volunteer Strathcona is not responsible for any damages sustained by me by virtue of the lawn-care on my private pathway and private driveway.

I agree to indemnify the Volunteer Strathcona for any and all liability for personal and property damage, injury, or death, damages, costs, charges, and expenses for any persons; or property loss or damage to me, my heirs, successors, assigns, or anyone who may advance a claim through me, arising from yard maintenance performed by a LawnBuster program volunteer.

I grant permission for the volunteer(s) to enter my property and utilize my lawn equipment until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collection and use of personal information

Personal information is being collected under the authority of s. 33© of the Freedom of Information and Protection of Privacy Act. This information will be used to match residents and volunteers. We will share your first name, address, and phone number with the volunteer selected.

*Office use only*

Criteria confirmed YES/NO

Verified by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: YES/NO

Reason if NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_