



## Volunteer Application 2020/2021 Season

Thank you for your interest in volunteering with Volunteer Strathcona's SnowBusters program— a volunteer snow removal service for seniors and/or persons with disabilities. Please complete and return the following form to Volunteer Strathcona either by mail or email as a scanned attachment.

**Completed forms can be mailed to:**

Volunteer Strathcona  
100 Ordze Ave  
Sherwood Park, AB T6B 1M6

**or emailed to:**

[services@volunteerstrathcona.ca](mailto:services@volunteerstrathcona.ca)

**If you have any questions or need any assistance completing the form, please do not hesitate to give us a call at 780.464.4242.**

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

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

Personal Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

As a volunteer, I am willing to:

- Shovel snow
- Shovel snow and apply deicer (e.g. salt) when requested by the homeowner or deemed necessary by myself

How many households are you willing and able to help? \_\_\_\_\_

Is this application part of a company, organization, school, or group effort?

- No
- Yes ➤ Group name \_\_\_\_\_
  - Total number of volunteers \_\_\_\_\_

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



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

### **VOLUNTEER STRATHCONA SNOWBUSTERS PROGRAM 2020-2021 RELEASE AND WAIVER**

**For the purposes of this Release and Waiver snow removal service (“the service”) includes: shoveling snow and de-icing as needed within 72 hours of last snowfall.**

I, \_\_\_\_\_, declare that I am at least the full age of 18 years or I have parental consent to participate in Volunteer Strathcona’s SnowBusters Program (“the Program”); for the physical exercise and the personal benefits I derive from helping others. I wish to offer my assistance as a volunteer unpaid snow removal assistant to those Strathcona County residents who have indicated to the Volunteer Strathcona Centre that they require the service.

1. I agree, understand, and declare that in volunteering to perform snow removal and deicing assistance on private sidewalks, driveways, paths to front the front door of the resident(s) I am assigned to:

(a) I will not be paid any form of compensation for those services by anyone and I am offering my assistance freely and voluntarily for my own reasons;

(b) I will perform the volunteer snow removal assistances alone or with other Program volunteers;

(c) I will be solely responsible for my own safety and taking appropriate precautions to prevent harm, injuries, and damages while:

i. travelling to and from the residence where the services are requested and while I am performing the volunteer snow removal assistance; and

ii. using, operating, moving, starting, maintaining, adding fuel to, or any other activity relating to the use of my own snow removal equipment, or the snow removal equipment of the resident I am volunteering to provide assistance for; and

(d) I will be acting solely on my own initiative and not as an agent, employee, representative, or contractor of Strathcona County or the residents who have requested snow removal assistance.

**Initial for section 1:** \_\_\_\_\_



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2. I agree that in performing snow removal activities for residents of Strathcona County that:

(a) I will not represent or hold myself out as an agent, employee, representative, or contractor of Volunteer Strathcona Centre or any resident; and

(b) I will not engage in any activity other than snow removal assistance for the Volunteer Strathcona Centre SnowBusters program for Strathcona County residents, and without limiting the preceding, will not enter into any residence or other structure except as may be strictly necessary to retrieve and replace snow removal equipment provided by a resident for that purpose, but I may elect to use my own snow removal equipment to perform the volunteer assistance. **Initial for section 2:** \_\_\_\_\_

3. I am freely and voluntarily assuming any and all risks associated with snow removal, fully aware and informed that snow removal is an inherently risky activity that could give rise to potential physical and mental harm to me, up to and including injuries or damage leading to a persistent vegetative state or death. **Initial for section 3:** \_\_\_\_\_

4. In keeping with my free and voluntary decision to provide volunteer snow removal assistance to residents of Strathcona County, I hereby:

(a) Waive any and all claims of every nature and kind whatsoever, in law, equity, or under any legislation that I, my heirs, successors, assigns, or those who might otherwise claim through me and might otherwise have had against Volunteer Strathcona Centre;

(b) Release Volunteer Strathcona Centre, its board members, employees, agents, and representatives from any and all claims, at law, equity, or under legislations that I, or my heirs, successors, assigns, or those who might otherwise claim through me now or in the future might otherwise have been able to advance against Volunteer Strathcona Centre;

(c) Agree to hold harmless and indemnify Volunteer Strathcona Centre from any and all liability for personal and property damage, injury, death, damages, costs, charges, expenses, and interest, including legal costs and charges on a full indemnity, solicitor-client basis, for any personal or property loss, or damages to my heirs, successors, assigns, or anyone who might otherwise claim through me, arising from my decision to volunteer to perform snow removal for residents of Strathcona County, if Volunteer Strathcona Centre is required to take action to defend against any claim or to enforce this document. **Initial for section 4:** \_\_\_\_\_



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**ABUSE CLAUSE:** Verbal and/or physical abuse and all forms of inappropriate behaviour towards residents and/or volunteers will not be tolerated in this program.

Residents and volunteers are to advise the Volunteer Strathcona office immediately upon being abused or having had inappropriate behaviour directed at him/her by anyone active in this program during the 2020/2021 season.

**The alleged abuser or person acting inappropriately will be terminated from the program immediately and will not be considered for future programs.**

*Initial for abuse clause:* \_\_\_\_\_

I, \_\_\_\_\_, declare that I have been given full opportunity to read this document and to seek legal advice about its content and effect as I deem appropriate, and I do hereby freely and voluntarily agree and consent to its terms, and agree to be bound by its content.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent or Guardian Signature if needed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name