Snow Angels

Resident Information Package

Program Contact: **Toni Van Velzen**

Home Support Coordinator, FCSS

780.992.6202

This Snow Angels program is a proactive approach to helping those who are unable to clear their driveways & walkways

This program matches individuals or groups of volunteers with a resident in need of snow clearing. This support provides safety & peace of mind through the winter season.

Am I eligible for this service?:

This service is for residents who have a condition or disability preventing them from participating in snow clearing activities and who have no other capable members residing in their home to assist. Residents must be referred by their family physician, home care, or home support (housecleaning) services.

*Please Note: Due to the increased need for assistance, the Snow Angels program will only consider residents that have a total income of $32,690 or less for a single person, and a couple with a total combined income of $53,800or less. This is line 15000 on the income tax return.

These income levels are in line with the Alberta Government's financial assistance programs for seniors.

FCSS Family & Community Support Services CITY OF FORT SASKATCHEWAN

SNOW ANGELS City of Fort Saskatchewan

CITY OF FORT SASKATCHEWAN ALBERTA

Resident Information

How do I apply for this service?

1.) Download application forms from the City of Fort Saskatchewan's website here or pick one from the front counter at City Hall or call 780-992-6267 to request an application package.

2.) Contact FCSS Home Support Coordinator, Toni Van Velzen, at 780-992-6202 for more information about the program

How long is the commitment?

The nature of the program is to provide a resident in need with a regular service until the end of the winter/snow season. However, service may vary depending on the number of volunteers in your area and the commitment they can make to the program. We will make every effort to ensure that qualifying residents are paired with a volunteer, but cannot guarantee everyone will receive this service.

Do I have to provide the tools?

Yes, we encourage the residents to allow the volunteer to use their shovels, ice chippers, ice melt, etc. Please have the tools easily accessible for the volunteer

How often & which areas of my property will be cleared?

Snow should be cleared within 48 hours of a snowfall. If the volunteer cannot make it to the resident's home within 48 hours, the volunteer will contact the resident to reassure them of when they can make it. When you make initial contact with your volunteer, they will discuss which areas of your property need snow removal. This is also a good time to discuss any barriers or hazards that could impede the snow removal on your 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 do I know who will be coming?

We will provide only your name, phone number and street address to the potential volunteer after they have been screened. We will call you to let you know who your volunteer is and that they will be contacting you to arrange their first visit.

Do you screen the volunteers?

All volunteers must complete an application form and a criminal record check with the local RCMP detachment prior to being put on the list. However, we assume no responsibility for the actions of the volunteers. We expect that all residents will exercise caution, and invite all participants to call us at 780-992-6202 with any concerns or questions.

What if the volunteer fails to come?

On occasion a volunteer may not come for some time for very good and legitimate reasons. Snow should be cleared within 48 hours of a snowfall. If the volunteer cannot make it to the resident's home within 48 hours, the volunteer will contact the resident to reassure them of when they can make it. If your volunteer has not come or you have not heard from them please call us. We will then follow up with the volunteer and if possible, arrange for a replacement.

Is there a fee for this service?

No, at no time should you be required to pay or give anything to your volunteer. If the volunteer requests this from you, please tell them that you will need to check with the Program Coordinator first. Then call us immediately if you are asked for any money, goods, loans, food, favors or donations from your volunteer as this is not appropriate under this program.

How should I thank my volunteer for their service?

It is important to remember that your volunteer is taking time out of their day to help you, and giving recognition is a very important role that you play in the program. A simple and friendly thank-you is often the most rewarding sign of appreciation. Some people write a thank-you card at the end of the season, but these are not expected.

Family & Community Support Services
CITY OF FORT SASKATCHEWAN

Snow Angels Application Form

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

APPLICANT INFORMATION

Name: _____ Phone: _____

Address: _____ Email: _____

Postal Code: _____

EMERGENCY CONTACT INFORMATON

Name: _____ Phone: _____

Relationship to you: _____

CRITERIA FOR THE SNOW ANGELS PROGRAM

This program is designed for Fort Saskatchewan seniors who have a condition or disability (temporary or permanent) preventing them from participating in snow clearing activities. Due to the increased need for assistance, the Snow Angels program will only consider residents that have a total income of $32,690 or less for a single person, and a couple with a total combined income of $53,800 or less. This is line 15000 on the income tax return.

These income levels are in line with the Alberta Government's financial assistance programs for seniors.

Please indicate your annual gross income: _____

RECOMMENDING AGENCY

Recommending agencies include a family physician, Home Support Services, or Home Care. *You must be a current client of Home Care or Home Support Services in order for these agencies to provide a referral.*

Please indicate applicants mobility and/or health concerns below:

Recommending Agency / Family Physician *(please print)*: _____

Recommending Agency / Family Physician *(signature)*: _____

Family & Community Support Services
CITY OF FORT SASKATCHEWAN

Snow Angels Application Form

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

DISCLOSURE

YES ☐ NO ☐ I have read the information package and I am aware of the safety risks associated with the Snow Angels program. I agree to follow the terms and conditions outlined in the information package.

YES ☐ NO ☐ I consent to the City of Fort Saskatchewan providing my first name, address and telephone number to my matched volunteer.

YES ☐ NO ☐ I understand that this is a volunteer engagement until the end of the winter season without financial remuneration, as outlined in the information package.

YES ☐ NO ☐ I have read and signed the City of Fort Saskatchewan Waiver form.

Applicants Signature: _____ Date: _____

OFFICE USE ONLY

Matched Volunteer: _____ Phone Number: _____

YES ☐ NO ☐ Signed Waiver form on file?

Follow Up / Additional Notes:

_____

_____

_____

This personal information is being collected and used under the authority of Section 4(c) of the Protection of Privacy Act for the purpose of FCSS programing. If you have questions about the collection, contact the Access to Information Coordinator for the City of Fort Saskatchewan at 780-992-6200.

CITY OF FORT SASKATCHEWAN

Family & Community Support Services CITY OF FORT SASKATCHEWAN

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

WARNING: By signing this legal document, you give up certain legal rights, including the right to sue, claim damages, and seek compensation.

This document is to be signed by the participant in order to participate in/use and enjoy the **Snow Angels Program for 20____** and all related events and activities (collectively referred to as the **"Program"**).

Participant Name (Print): _____

I, _____ (the **"Participant"**), am 18 years of age or older, and I am aware that the Program involves inherent risks, dangers and hazards, involving all manner of injury or loss, including potentially serious or life-threatening injury and death, including, but not limited to:

- (a) the use of equipment, materials or facilities related to the Program;
- (b) the actions or negligence of myself or other participants in/users of the Program;
- (c) the actions or negligence of the City of Fort Saskatchewan or its council, officers, employees, agents, invitees, or representatives of any kind (collectively referred to as the **"Municipality"**); or
- (d) additional risks arising out of the Program and related events and activities.

I, the undersigned Participant, freely accept and assume all such risks, dangers and hazards and the possibility of injury, death, property damage, property loss or any other loss or expense resulting to myself.

Agreement

I, the undersigned Participant, hereby agree as follows:

(a) TO WAIVE ANY AND ALL CLAIMS of every nature and kind at law or equity or under any statute that I have or may have in the future against the Municipality;

(b) TO RELEASE THE MUNICIPALITY from any and all liability for injury, death, property damage, property loss or any other loss or expense that I may suffer or that my next of kin or legal representatives may suffer as a result of participation in the Program, due to any cause whatsoever, including negligence on the part of the Municipality;

(c) TO HOLD HARMLESS AND INDEMNIFY THE MUNICIPALITY from any and all liability for injury, death, property damage, property loss or any other loss or expense to any party, including myself, as a result of participation in the Program, or other financial loss or expense including, without restriction, legal expenses and costs on a solicitor-and-his-own-client full indemnity basis in defending against such claims or enforcing the terms contained within this document; and

(d) THAT THIS AGREEMENT WILL BE EFFECTIVE AND BINDING UPON myself, and my heirs, next of kin, executors, administrators and assigns.

I, the undersigned Participant, hereby acknowledge that I have read the foregoing, and have had the opportunity to ask questions and clarifications before signing. I acknowledge that I understand its content, import and meaning and hereby do agree, approve and consent to the above.

Witness Name (Print): _____ **Witness Signature:** _____

Participants Signature: _____ **Date:** _____

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