

**COMMUNITY SUPPORT SERVICES
OF NIAGARA**

320 Vansickle Rd, Unit 3,
St Catharines, ON L2S 0B4

Phone: Darlene 905-682-3800 Ext 35

Fax: 905-682-2957

Email: { HYPERLINK "mailto:dupper@cssn.ca

OFFICE USE ONLY

Date Reg'd _____

Date Matched _____

Senior _____

Senior Phone _____

New

Returning

Volunteer Registration For Leaf/Snow Buddies Program



Name _____

Address _____

City _____ Postal Code _____

Home Phone Number _____ Cell Number _____

Email _____ Birthdate: Day _____ Month _____ Year _____

***Permission to contact you:** Home # | Cell # | Email | Calling | Texting | Twitter |
or Other _____

Signing up to volunteer for (check boxes): Snow Buddies and/or Leaf Buddies

Number of homes you would like to volunteer at: 1 | 2 | 3 | 4 | Or Unlimited

I am between the ages of 12 & 17 years Yes No

Grade _____ School Name _____

Are you a high school student? Yes No

Are volunteering for community service hours? Yes No

How did you hear about Leaf & Snow Buddies? Volunteer Fair, School Announcements,
Guidance, CSSN website, Volunteer

I am 18 years of age or older and agree to having a police check completed: Yes No

A letter or email will be sent to you shortly, so you can request the background check from the police.

Confidentiality Statement:

I agree to keep all information of clients confidential.

Student/Adult Volunteer signature _____

Parent/Guardian signature _____

Please Turn Over/ complete next page

For Parents/Guardians of Buddies/Volunteers under 18 years of age:

I understand that all Buddies are required to attend a training session and that **there is no guarantee of being matched for work.**

I, _____ hereby acknowledge and agree that my son/daughter _____ may participate in the Leaf/Snow Buddies program, and that Community Support Services of Niagara shall not be responsible for any injury or loss of personal property. Due to safety standards, Buddies are not permitted to use snow or leaf blowers.

Parent/Guardian _____ Date _____

I, _____ hereby agree to photos, video or audio clips of my son/daughter _____ to be used for Leaf/Snow Buddie promotional use by CSSN (also via media).

Parent/Guardian _____ Date _____

Parent/Guardian **Phone#:** _____ **Email:** _____

Your preference for contact Text Email

***An email/text will be sent to the student/volunteer and parent/guardian as confirmation of receiving the (electronic) application form.**

For Buddies/Volunteers 18 years of age and older:

I understand that I am required to attend a training session and have completed or will submit a police check. **There is no guarantee that I will be matched for work.**

I _____ hereby acknowledge and agree that Community Support Services of Niagara shall not be held responsible for any injury or loss of personal property while I am a participant in the Snow Buddies Program. I understand that due to safety standards, Buddies are not permitted to use snow blowers.

I, _____ hereby agree to photos, video or audio clips to be used for Leaf/Snow Buddie promotional use by CSSN (also via media).

Signature of Buddie/Volunteer who is 18 years of age or older:

Signature _____ Date _____

Please submit this completed application (2 pages) by mail, fax or email.

Fax: 905-682-2957 or email: { [HYPERLINK "mailto:dupper@cssn.ca"](mailto:dupper@cssn.ca) }



Or Call Darlene at 905-682-3800 Ext 35 to register.