



**COMMUNITY SUPPORT SERVICES  
OF NIAGARA**

320 Vansickle Rd, Unit 3,  
St Catharines, ON L2R 6P7

Phone: *Darlene* 905-682-3800 Ext 35

Fax: 905-682-2957

Email: [dupper@cssn.ca](mailto:dupper@cssn.ca)



**OFFICE USE ONLY**

Date Reg'd \_\_\_\_\_

Date Matched \_\_\_\_\_

Volunteer \_\_\_\_\_

Vol. Phone \_\_\_\_\_

New

Returning

**Leaf and/or Snow Buddies Registration**  
**Adults 60+ & Adults with Disabilities**

Name \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ *Under the age of 60 years, may require a doctor's note*

Health Card Number \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

➤ I require a volunteer: Leaf Buddie: Yes  Snow Buddie: Yes

If you had a volunteer Buddie last year would you like the same Buddie? Yes  No

Please note **if we do not** have a volunteer that lives near you, another option is to call our CSSN office and request a brokered worker name, they charge for their snow removal service. 905-682-3800 ext. 30

❖ **If or when a Volunteer Leaf/Snow Buddie is available in your area you will be contacted.**

**Liability Release:**

I release CSSN, its staff, workers, volunteers and Leaf/Snow Buddie students from any and all liability or responsibility for any damages or injuries suffered or occasioned by me from any cause whatsoever.

**Client signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We can also provide you with a free "Safety at Home" visit to keep you Healthy, Safe & Strong in your home. Would you like us to contact you to book an appointment? Yes  No

Additional Comments: \_\_\_\_\_

➤ *Please fax, email or mail completed and signed registration form.*