



**COMMUNITY SUPPORT SERVICES
OF NIAGARA**

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

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OFFICE USE ONLY	
Date Reg'd	_____
Date Matched	_____
Volunteer	_____
Vol. Phone	_____
New <input type="checkbox"/>	Returning <input type="checkbox"/>

Leaf and/or Snow Buddies Registration

Adults 65 +

Name _____

Address _____ City/Town _____

Postal Code _____ Phone Number _____

Date of Birth _____ *Under the age of 65 years, requires a doctor's note*

Health Card Number _____ Email _____

Emergency Contact Name _____ Phone # _____

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

Do you live alone? Yes No _____ (with whom)

No person lives with me who is capable of snow removal on my behalf

❖ **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.*