

SNOWANGEL Resident Application Form

APPLICANT CONTACT INFORMATION	
Full Name	
Phone	
Email Address	
Physical Address	
CRITERIA AND DISCLOSURE	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a senior, with mobility issues, or recuperating from an illness or surgery and need help with snow removal?
<input type="checkbox"/> Yes <input type="checkbox"/> No	I verify I am the property owner. If you answered no, the owner must fill out a 'Program Authorization Form' to go with your application.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I verify there is no one residing in my home who can help shovel.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I verify that I am not requesting snow removal assistance due to being on vacation, working away or on an extended absence (example: snowbird, etc)
<input type="checkbox"/> Yes <input type="checkbox"/> No	I acknowledge that as a participant in the Snow Angel Program, I am permitting volunteers and members of the community to access my yard for the purpose of snow removal.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that I am ultimately responsible for the safety of my property, including my pets.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that I am ultimately responsible to comply with the Traffic Bylaw, Part 10 – Snow on Sidewalks. (snow to be removed within 48 hrs)
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that this program utilizes community volunteers, so there is no guarantee of service.

<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that I may be required to supply the tools/equipment needed to clear the snow from my property.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I consent to the Town of Blackfalds disclosing my address to a paired screened volunteer "Snow Angel" for the purpose of snow removal.
NEW! NEIGHBOURHOOD SNOW ANGEL PROGRAM	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If we are unsuccessful matching you with a volunteer "Snow Angel" would you like to participate in the Neighbourhood Snow Angel Program?</p> <p>You would be provided a sign to display in your front door or window to indicate you have been approved for the program due to legitimate need. Community residents whether your neighbour, individual, family or non-profit group will look for a Neighbourhood Snow Angel Window Sign and simply shovel your front driveway and front sidewalk.</p>

Please sign to verify your application:

I hereby state that to the best of my knowledge the information submitted on this application is true and accurate. I acknowledge that as a participant in the Snow Angel Program or Neighbourhood Snow Angel Program, I am permitting community members to access my yard and I hold harmless and indemnify the Town of Blackfalds from any and all liability for injury, death, property damage, property loss or any other loss or expense to any party.

Signature of Resident Applicant

Date

Personal information collected through this online form will be used to facilitate contact and placement of volunteers for the Snow Angel Program and/or the Neighbourhood Snow Angel Program. This information is collected under Section 4(c) of the Protection of Privacy Act and will be protected under Part 1 of the Act. If you have questions or concerns regarding the collection and use of this information, please contact the Information Governance Coordinator at access@blackfalds.com or by phone at 403.885.6370.