



Haldimand-Norfolk Community Senior Support Services

135 West Street, Simcoe, ON. N3Y 1S6

Phone: 1-866-529-0849 **Merisa ext.202** **Fax:** 519-426-4108

mkriwez@seniorsupport.ca

Snow Buddies

Registration Package

STEP 1:

- Complete and submit(see below) the Snow Buddie **Registration Form**.

STEP 2:

- Review the **Student Volunteer Orientation Manual**.

STEP 3:

- Complete the quick **Snow Buddies Survey!**

Submit by mail, email, fax, in-person or online.

Mail: 135 West St., Simcoe, ON. N3Y 1S6

Email: mkriwez@seniorsupport.ca

Fax: 519-426-4108

In-person: At Registration or Call 1-866-529-0849 for your nearest HNCSSS office address.

Online: <https://www.surveymonkey.com/s/HNbuddiequiz>

**You will be contacted with your Snow Buddie match
once we receive the completed survey.**

Help make a difference in your community!



Snow Buddies
Student Volunteer Registration Form
Fall/Winter 2013-2014



NAME: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE NUMBER: _____

AGE: _____ E-MAIL _____

SCHOOL: _____

Are you volunteering for community service hours? Yes ___ No ___

**PLEASE INDICATE IN SEQUENCE WHICH AREA(S) YOU WILL BE WILLING
 TO VOLUNTEER IN:**

Caledonia		Hagersville		Selkirk	
Cayuga		Jarvis		Simcoe	
Delhi		Langton		St. Williams	
Dunnville		Port Dover		Waterford	
Fisherville		Port Rowan		Other:	
Other:					

MY HOME IS CLOSEST TO THE CORNERS OF (MAIN STREET NAMES):

Number of homes you would like to volunteer at (circle one):

1 or 2 or 3 or 4 or Unlimited

Please Turn Over

For Buddies under 18 years of age:

I understand that all Buddies are required to review the Orientation Manual and that **there is no guarantee of being matched for work.**

I, _____ hereby acknowledge and agree that my son/daughter _____ may participate in the Snow Buddies Program, and that Haldimand Norfolk Community Senior Support Services shall not be held responsible for any injury or loss of personal property. Due to safety standards, Buddies are **NOT** permitted to use snow blowers. It will be the responsibility of the Snow Buddie to safely remove the snow (ergonomically).

I acknowledge that our phone number may be given to their senior Buddie.

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

The senior Buddies confidentiality will be respected and maintained.

Parent/Guardian _____ Date _____

Student: _____ Date _____

Anyone over the age of 18 must have a police check completed before we can match you.

The form will be provided as needed and the police check is free of charge.

For Buddies 18 years of age or older:

I understand that I am required to review the Orientation Manual and submit a police check before I can begin volunteering. **There is no guarantee that I will be matched for work.**

I hereby acknowledge and agree that Haldimand Norfolk Community Senior Support Services 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. **It will be the responsibility of the Snow Buddie to safely remove the snow (ergonomically).**

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

The senior Buddies confidentiality will be respected and maintained.

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

_____ Date _____

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