



COMMUNITY SUPPORT SERVICES OF NIAGARA

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

Phone: Laurie 905-682-3800 Ext 28, **Fax:** 905-682-2957

lelliott@cssn.on.ca



Student Registration For Snow Buddies Program
Fall/Winter 2010-2011

Name _____

Address _____

Postal Code _____ Phone Number _____

I am between the ages of 12 & 17 years Yes___ No___

I am 18 years of age or older and will have a police check done.

Yes___No___ Cost will be \$15

Number of homes you would like to work at 1__ 2__ 3__ 4__ 5__

Unlimited___

Are you a high school student? Yes___ No___

If yes, are working as a volunteer for community service hours? Yes___No___

Are you a College or University student? Yes___ No___

Comments, Questions or Concerns: _____

Please Turn Over



For Buddies 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 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 blowers. I also acknowledge that our phone number may be given to their senior Buddie. **It will be the responsibility of the Snow Buddie to safely remove the snow (ergonomically)**

Parent/Guardian _____ Date _____

For Buddies 18 years of age and older:

I understand that I am required to attend a training session and have submitted 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. **It will be the responsibility of the Snow Buddie to safely provide the snow removal (ergonomically)**

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

_____ Date _____

Please submit this application by mail, fax or email.

***Call Laurie at 905-682-3800 Ext 28 to register.
lelliott@cssn.on.ca***

You will be contacted regarding the training workshop