



# Snow Buddies Program

**OFFICE USE ONLY**

Date Reg. \_\_\_\_\_

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

Date Buddy List sent \_\_\_\_\_

New  Returning

## Youth/Buddy Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact (please check all that apply):

- Mail       Email       Phone

**Please indicate which area(s) you will be willing to work in:**

*\*If you live in Paris, please see the attached map to help in selecting the area you live in.*

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> St. George   | <input type="checkbox"/> Onondaga                       | <input type="checkbox"/> Paris - Queensview |
| <input type="checkbox"/> Burford      | <input type="checkbox"/> Paris - Northville/Fairgrounds | <input type="checkbox"/> Paris - Daugaard   |
| <input type="checkbox"/> Mt. Pleasant | <input type="checkbox"/> Paris - Willet/High School     | <input type="checkbox"/> Paris - Grandville |
| <input type="checkbox"/> Oakland      | <input type="checkbox"/> Paris - Central/Downtown       |   |
| <input type="checkbox"/> Scotland     | <input type="checkbox"/> Paris - South End              |   |

My home is closest to the corners of (please list the main street names):

\_\_\_\_\_

I would like to shovel snow:  YES  NO

I am between the ages of 12 and 17 years:  YES  NO

I am 18 years of age or older and will have a police check done before completing the training:  YES

A letter will be sent out to you shortly so that you can request the check from the police for \$25. Bring the receipt for your Police Check. **We must have the police check before we can match you.**

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

Are you a high school student?  YES  NO

If yes, do you want to work as a volunteer to earn community service hours?  YES  NO

**\*Please mail, fax or email your completed form to Community Services:**

**Mail:** 15 Curtis Ave, N. Paris, ON. N3L3W1

**Fax:** 519.442.2162, Attn: Snow Buddies

**Email:** [recservices@brant.ca](mailto:recservices@brant.ca)



# Snow Buddies Program



## Indemnity of County

By participating in the Snow Buddies Program, I hereby acknowledge and agree that I will at all times defend, indemnify and save harmless the County, its elected officials, officers, servants, agents, and contractors, from and against all loss, costs or damage which it or they may suffer or be put to and from and against all actions, suits, claims and demands whatsoever which may be made or brought against the County, or them, by reason of (either directly or indirectly) in connection with this program or in the provision of the County services, products and any other matter or thing provided for or pursuant to this Program.

## Insurance Coverage

I also acknowledge and warrant that my home owner's insurance contains sufficient coverage for this Program. I understand that I am not covered under the County's insurance policy. I understand and acknowledge that I am fully responsible for insurance coverage and it is my sole responsibility to determine what additional coverage, if any, is necessary and advisable for my own protection. Any such additional insurance shall be obtained and maintained at my sole expense.

**Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# Snow Buddies Program - Paris, Neighbourhood Map

