



Neighbours Helping Neighbours

SNOW ANGEL VOLUNTEER FORM

Name: _____

Address: _____

Phone number: _____ Email: _____

Are you 16 years or older? Yes Are you under 16? Yes

Volunteers under 16 will need to have a parent or guardian with them and their parent's permission.

Do you have a preferred area, if yes which area(s)?

Are you volunteering for other agencies, if yes which one(s)?

Provide 2 references

Name: _____

Relationship: _____

Phone Number: _____

Name: _____

Relationship: _____

Phone Number: _____

Release/Waiver:

The undersigned acknowledges that the Corporation of the City of Penticton (the "City") is only acting as a facilitator to assist with snow clearing of sidewalks and that the undersigned waives any and all claims that the undersigned has or may have in the future against the City and releases the City from any and all liability for any loss, damage, expense or injury, including death, that the undersigned may suffer due to any cause whatsoever as a result of the undersigned's participation in the Snow Angel Volunteer Program.

Note: Once your application has been processed, you may be required to get a criminal check. The fee for the criminal check for this volunteer program has been waived.

Signature: _____ Date: _____

Return Form to: City Of Penticton, Public Works
Attn: Snow Angels Program
616 Okanagan Ave E
Penticton, BC V2A 3K6