

OKOTOKS



Winter Snow Removal Program

INFORMATION

&

APPLICATION PACKAGE

Okotoks Family Resource Centre
11 Cimarron Common, Okotoks, AB

Phone: 403.995.2626

Email: familyresources@okotoks.ca

Program Overview

Volunteers (individuals, families, and groups) commit to providing free, basic snow removal for eligible Okotoks residents (clients) throughout the winter season.

Eligibility

To be eligible for the Adopt-a-Sidewalk Program all the following criteria must be met:

1. Applicant resides in Okotoks year-round
2. There is no person residing in the home who is able to shovel
3. Be 75 years or older, **or** have a medical condition or disability which prevents participation in snow clearing activities (if under 75, must have a referral letter from a doctor, nurse, or social worker).
4. Income must not exceed **\$29,630** for a single person or **\$48,120** for a couple (based on line 15000 of the Revenue Canada Notice of Assessment). *These income levels are consistent with those used by the Alberta Government Special Needs Assistance for Senior's program.*

Application process

1. Apply in person at the Okotoks Family Resource Centre (11 Cimarron Common)
OR
download the application and waiver from the Town of Okotoks website www.okotoks.ca and submit with supporting documents by mail or email to familyresources@okotoks.ca.
2. Staff will contact you to discuss your eligibility and needs.

What services are provided?

The program runs from the first significant snowfall in October until the end of April.

When residents apply, staff at the Okotoks Family Resource Centre will discuss which areas of the property need snow removal. They will discuss any barriers or hazards that could impede the snow removal, and identify the priority areas. Typically, the volunteers clear the front sidewalks of the resident's home within 24 hours of a snowfall, as per Traffic Bylaw 10-10. A driveway can be shoveled if the client uses it.

The program endeavors to match a volunteer with each qualifying applicant. Because this program relies on volunteers, we cannot guarantee service to any resident. Other options for snow removal will be discussed if the program is unable to assist. **Ultimately, the resident is responsible to ensure the property is safe and snow is cleared to meet Town of Okotoks bylaw requirements.**

How do you screen the volunteers?

All volunteers must complete a Town of Okotoks volunteer application process, which includes obtaining a criminal record check and vulnerable sector check prior to being approved. When a family or group is volunteering only the adult overseeing this will be screened as a volunteer.

Although volunteers are screened, the Okotoks Family Resource Centre assumes no responsibility for their actions and requests that all residents exercise caution. Clients should not

invite volunteers to enter their home or offer payment for services. Participants are encouraged to call the Family Resource Centre with any concerns or questions.

How do I know who will be coming?

The screened volunteer will be matched with a resident in need of snow clearing in their neighborhood. The volunteer is committed to the same resident throughout the season but may assist more than one person if he/she chooses to.

Once a match has been arranged, a volunteer will receive your first name, address and phone number. Staff will contact you and provide the name of your volunteer. The volunteer may also contact you to introduce themselves. If replacement volunteers are needed for short-term coverage, you may notice some new faces.

What if the volunteer fails to come?

Volunteers may not come if snow melt is expected within 24 hours or if there has just been a light dusting of snow.

Volunteers self-deploy around other commitments and there may be occasions when they may not be able to shovel a significant snow fall within 24 hours of a snowfall. If a volunteer cannot make it to the resident's home within the time frame, they contact the Okotoks Family Resource Centre to request a backup volunteer, or contact the resident to notify them of when they will be able to clear their snow.

If after a significant snowfall a volunteer has not come and you have not heard from them please call the Family Resource Centre. We will then take appropriate action. **Please do not directly contact the volunteer that has been matched to you.**

Do I have to provide the tools?

Yes. It is the responsibility of the resident to ensure shovels, ice chippers, ice melt, etc. are available for the volunteer to use. Please have the tools easily accessible for the volunteer. Some volunteers may choose to use their own tools.

What if my family or neighbors shovel for me?

Sometimes our volunteers show up to shovel and the work has already been done! If you have friendly neighbors or family members that occasionally shovel for you, please contact the Resource Centre to discuss.

How should I thank my volunteer for their service?

It is important to remember that your volunteer is taking time out of his or her day to help you, and giving recognition is a very important role that you play in the program. A simple and friendly thank-you is often the most rewarding sign of appreciation.

Some people write a thank-you card, or choose to give a small token gift at the end of the season, but these are not expected.

OKOTOKS ADOPT-A-SIDEWALK PROGRAM RESIDENT APPLICATION FORM

NOTE: DUE TO LIMITED RESOURCES AVAILABLE, THERE IS NO GUARANTEE THAT ALL APPLICANTS WILL RECEIVE THIS SERVICE

APPLICANT CONTACT

Full Name: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Who else resides in the home with you? _____

EMERGENCY CONTACT

Full Name: _____

Relationship to you: _____ Phone: _____

PRIORITY SNOW REMOVAL AREAS REQUESTED

front sidewalk corner sidewalk front garage pad back garage pad front walkway to door

back walkway to back garage other _____

CRITERIA AND DISCLOSURE

Yes	No	I reside in Okotoks year round
Yes	No	I verify there is no one residing in my home who is able to shovel
Yes	No	My household meets the low income guidelines. Household annual income*: _____ *please provide proof of income
Yes	No	I am 75 years of age or older
Yes	No	I am under 75 years of age but have a medical condition or disability which prevents participation in snow clearing activities. <i>Please provide a referral letter from a licensed doctor, nurse, or social worker if this applies to you.</i>
Yes	No	I have read the information package and I am aware: - That I am ultimately responsible for the safety of my property and bylaw adherence -That volunteers are screened, but I should exercise caution -This program utilizes volunteers and there is no guarantee of service -That I should have any tools/equipment needed to clear my snow easily accessible - the program runs from mid-October until the end of April
Yes	No	I consent to the Town of Okotoks providing my first name, address and telephone number to a matched volunteer if I qualify for the service
Yes	No	I have read and signed the Town of Okotoks Waiver form.

Signature: _____ Date: _____

The personal information on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) and will be used for the administration of the Okotoks Snow Angel Program. Should you have any questions regarding the collection and use of your personal information, contact the FOIP Coordinator at foip@okotoks.ca or 403-938-8944.



RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT



WARNING: BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, CLAIM DAMAGES, AND SEEK COMPENSATION.

This document is to be signed by the participant in order to participate in/use and enjoy the Okotoks Adopt-a-Sidewalk Program and all related events and activities (collectively referred to as the "Program").

I, (print name) _____ (the "Participant"), am 18 years of age or older, and I am aware that the Program involves inherent risks, dangers and hazards, involving all manner of injury or loss, including potentially serious or life-threatening injury and death, including, but not limited to:

- (a) the use of equipment, materials or facilities related to the Program;
(b) the actions or negligence of myself or other participants in/users of the Program;
(c) the actions or negligence of the Town of Okotoks or its council, officers, employees, agents, invitees, volunteers or representatives of any kind (collectively referred to as the "Municipality"); or
(d) additional risks arising out of the Program and related events and activities.

I, the undersigned Participant, freely accept and assume all such risks, dangers and hazards and the possibility of injury, death, property damage, property loss or any other loss or expense resulting to myself.

I, the undersigned Participant, hereby agree as follows:

- (a) TO WAIVE ANY AND ALL CLAIMS of every nature and kind at law or equity or under any statute that I have or may have in the future against the Municipality;
(b) TO RELEASE THE MUNICIPALITY from any and all liability for injury, death, property damage, property loss or any other loss or expense that I may suffer or that my next of kin or legal representatives may suffer as a result of participation in the Program, due to any cause whatsoever, including negligence on the part of the Municipality;
(c) TO HOLD HARMLESS AND INDEMNIFY THE MUNICIPALITY from any and all liability for injury, death, property damage, property loss or any other loss or expense to any party, including myself, as a result of participation in the Program, or other financial loss or expense including, without restriction, legal expenses and costs on a solicitor-and-his-own-client full indemnity basis in defending against such claims or enforcing the terms contained within this document; and
(d) THAT THIS AGREEMENT WILL BE EFFECTIVE AND BINDING UPON myself, and my heirs, next of kin, executors, administrators and assigns.

I, the undersigned Participant, hereby acknowledge that I have read the foregoing, and have had the opportunity to ask questions and clarifications before signing. I acknowledge that I understand its content, import and meaning and hereby do agree, approve and consent to the above.

Date: _____

Participant Signature: _____

Witness Name (print): _____ Witness Signature: _____