Snow Angels Registration Form

The information will be used for service delivery, program evaluation and reporting purposes, and may only be disclosed in accordance to the FOIP Act.

Contact Information		
Legal first name	Legal middle name	Legal last name
Preferred first name:		
Date of birth (mm/dd/yyyy):	Is Date of birth actual or estimated? ☐ Actual ☐ Estimated (if estimated enter as 01/01/yyyy)	

FOIP Statement:

Barons-Eureka-Warner Family and Community Support Services (FCSS) is a public body. The personal information collected using this form and any attachments related to program and service delivery is authorized under the authority of section 4(c) of the Protection of Privacy Act (the Act) and is protected by the privacy provisions of the Act The information is collected and used for the purposes of service delivery, program evaluation and reporting purposes, or for the purpose of providing programs and services, and may only be disclosed in accordance with the Act. For further information, please contact the Privacy and Access Coordinator at 403-715-2260 or info@fcss.ca.

FOIP statement was read and understood by client: ☐ Yes ☐ No

Gender: ☐ Male ☐ Female ☐ Non-binary ☐ Transgender ☐ Chose not to identify

Community (self-reported)

☐ Agriculture	☐ LGBTQ2S+
☐ First Responder	☐ Low German Mennonite
☐ Francophone	☐ Newcomer
☐ Hutterite	☐ Person with Disability
☐ Indigenous	☐ Not applicable

Were you born in Canada? ☐ Yes ☐ No

If no, when did you arrive in Canada? (if estimated enter as 01/01/yyyy) _____

☐ English/French is not first language

Physical Address	Town/Village	Prov.
Mailing Address (if different from physical address):		Postal Code

Cell #:	**Landline (Other Phone #):**	**Email:**
Msg: ☐ Y ☐ N **Txt**: ☐ Y ☐ N	Msg: ☐ Y ☐ N	Msg: ☐ Y ☐ N

Emergency Contact:	
Name:	Phone # :
Relationship to client:	

Authorized Representative	
Do you have an Authorized Representative? ☐ Y ☐ N	
If yes, is the Authorized Representative the same as Emergency Contact? ☐ Y ☐ N	
If no, Authorized representative name:	Phone # :

By signing below:

- ❑ *I agree to allow "Snow Angel" volunteers on my property for the purpose of snow removal. I also declare that there is no person living within my residence who is able-bodied and capable of snow removal on my behalf.*

- ❑ *I understand and accept the risks associated with having my sidewalk and/or driveway cleared by a volunteer. This includes, but is not limited to, potential property damage and personal injury that may arise from the actions of third parties, including any errors, omissions, or negligent behavior*

- ❑ *I acknowledge that the Town of Coalhurst and FCSS are not responsible or liable for any incidents, potential property damage, or personal injury that may occur on my property or in association with the Snow Angels program.*

Signature:_____ Date:_____