



Snow Clearance Volunteer Form

Name: _____
Last Name First Name Initial

Name of Children in the School: _____

Address: _____
(Street, City, Postal Code)

Phone Number: _____ Email: _____

Cell Phone Number: _____

Declaration:

In volunteering to remove snow from around Cleveland School. I declare the following:

- 1) I have no medical condition that would prevent me from safely performing this task.
- 2) I understand that I am not covered by WCB during this activity and I acknowledge that the School District will not accept any liability or responsibility for any injury or accident that may occur while I am performing this voluntary snow clearing.
- 3) I will provide my own equipment and that equipment will be in good working order.
- 4) I agree to my contact information being given to the parent volunteer to coordinate snow clearance.

Note:

The School District as owner of the property retains all liability for accidents that might occur on the cleared pathways after snow clearing has finished.

Volunteers Declaration:

I have read the declaration above items 1-4 including notes, and declare each of the above to be true.

Volunteer Name (Please Print Clearly)	Witness Name (Please Print Clearly)
Volunteer Signature	Witness Signature
Date	Date

Availability:

Parent volunteers are welcome and encouraged to work at clearing snow at any times that they are available except at recess and lunch hour when children will be under the supervision of school staff. It would be helpful for planning purposes to know when you would be available.

Please indicate by checking the boxes which times you would be available to volunteer:

Time	Sun	Mon	Tue	Wed	Thu	Fri
Morning (7 – 9 am)	–					
Afternoon						
Evening						–