North Vancouver
School District
the natural place to learn®

Snow Clearance Volunteer Form

IMPORTANT NOTE: Only persons of legal age are permitted to volunteer for snow clearance.

School:_____

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 the above named school, I declare the following:

1) I am of legal age (19 years of age or older).

2) I have no medical condition that would prevent me from safely performing this task.

3) 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.

4) I will provide my own equipment and that equipment will be in good working order.

5) 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

Avaliability:

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 – 8:30 a.m.)	_					
Afternoon						
Evening						_