



TOWN OF ESTERHAZY Snow Angels Policy

INTENT

Esterhazy is an active community where we celebrate and embrace living in a cold climate. Keeping our sidewalks free of snow and ice is critical in keeping town residents moving safely and enjoying winter.

But, shoveling can be difficult, and even dangerous, for many residents -- especially those with limited mobility or certain health conditions.

The Snow Angels Program aims to encourage neighbours to help one another and thereby build a caring, engaged community. Residents in need of snow removal have "Snow Angel" signs placed in their yards.

ELGIBILITY

The program is designed for residents who find it difficult to clear their own walkways and do not live with someone physically capable of shoveling. This service is intended for ongoing support, not for temporary help during vacations or for snowbirds.

Important Note: Having a Snow Angels sign does not guarantee snow removal. For reliable service, you may wish to hire someone. Contact the Town office for a list of snow removal businesses within the community.

WHO ARE SNOW ANGELS?

Snow Angels are individuals: youth, seniors, families, community groups, and corporate volunteers who voluntarily shovel snow for residents needing snow removal assistance.

Though there are no concrete rules on gifting, you are discouraged from accepting tips from residents as this is an **unpaid** volunteer program and services.

WHEN DOES THE PROGRAM RUN?

Snow Angels signs are placed in residents' windows or front lawn from November until mid-April.

WHERE CAN I GET A SIGN?

Please come down to the Town office and request an application form.

WHY BECOME A VOLUNTEER SNOW ANGELS?

Being a neighbourhood Snow Angels is a great way to:

- Get to know your neighbours
- Help someone who will truly appreciate your effort
- Keep your street safe for pedestrians
- Exercise
- Get some fresh air
- So much more!

Your efforts will be greatly appreciated, and you'll make a tangible difference in someone's day by ensuring their safety and mobility during the winter months.

Safety Tips for Volunteers: Shoveling snow is a very strenuous activity. Prevention of injury or exhaustion is extremely important, click the following links for some shoveling safety tips:

https://www.ccohs.ca/oshanswers/ergonomics/snow_shovelling.html



Schedule 'A'

Snow Angels Resident Application Form

Applicant Contact		
Full Name:		
Phone:	Alt Phone:	
Residential Address:		
Email:		
Criteria and Disclosure		
Yes ___ No ___	I verify there is no one residing in my home who is able to shovel.	
Yes ___ No ___	I will notify the Town of Esterhazy if and when I no longer require this service and will return the sign that was assigned to me.	
Yes ___ No ___	I verify that I am not requesting snow removal assistance due to being on vacation or an extended absence (ie. snowbirds etc)	
Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___	I understand that: <ul style="list-style-type: none"> • I am ultimately responsible for the safety of my property. • I am ultimately responsible for complying with the Snow removal Bylaw • This program utilizes community volunteers, so there is no guarantee of service. • The Town of Esterhazy has the right to remove the sign from your yard at any point in time. 	
Yes ___ No ___	I may be required to supply the tools/equipment needed to clear the snow from my property.	
Yes ___ No ___	I acknowledge that as a participant in the Snow Angels Program, I am permitting volunteers to access my yard and I hold harmless and indemnify the Town of Esterhazy from any and all liability for injury, death, property damage, property loss or any other loss or expense to any party.	
Name of Applicant (please print)	Signature	Date
<p>The personal information on this form is being collected under the authority of Section 24 of <i>The Local Authority Freedom of Information and Protection of Privacy Act</i> and will be used for the administration of the Town of Esterhazy Snow Angel Program. Should you have questions regarding the collection of our personal information, contact the Town office at 306-745-3942.</p> <p>Note: Property OWNER must authorize renters' applications and fill out a 'Program Authorization Form'</p>		

-----For Office Use Only-----

Application Approved: YES /NO

Town Official

Date

Sign number: _____



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 Telephone: (306) 745-3942 | Fax: (306) 745-6797
 Email: town@esterhazysk.ca
www.townofesterhazy.ca

Schedule 'B'

Snow Angels Program Authorization

Property Owner		
Full Name:		
Phone:	Alt Phone:	
Email:		
Yes ___ No ___	I am the rightful owner of _____	
Yes ___ No ___	I understand that by authorizing the renter of said property, I agree to allow community volunteers to access my property for the purposes of snow removal and I hold harmless and indemnify the Town of Esterhazy from any and all liability for injury, death, property damage, property loss or any other loss or expense to any property.	
Name of Property Owner (please print)	Signature	Date
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