

Name

## SNOW ANGELS VOLUNTEER WAIVER Please email completed from to jsega@uacoa.com

Age if under 18

Snow Angels is a volunteer-based program available to assist older adult residents with snow removal on their sidewalks and driveway. This volunteer opportunity is open to all youth and adults with the ability and interest to help individuals who lack the ability or resources to shovel their own sidewalks. Volunteers in the Snow Angel program are asked only to commit to serving a neighbor-in-need for an entire winter season.

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|---|--|
| Address   | City, State, Zip   |
| Phone   |  |
| Name of school or organization  |  |
| All volunteers must sign this waive eighteen (18) must also have a par  |  |
| I understand that I am going to participate as a volumesponsible for all of my behavior and actions and the physically capable of performing. In consideration of Arlington Snow Angel program, I hereby release the Commission on Aging, as well as the recipient of the claims that may arise as a result of my participation | nat I will only perform volunteer work that I feel<br>of my acceptance as a participant in the Upper<br>e UA CARES program and the Upper Arlington<br>e service for whom I perform work from any and all |
| Signature of Volunteer  | Date   |
| Parent/Guardian Signature (if you are under 18  | 8) Date  |

In case of emergency contact name and phone number