



Snow Angels | Garden Angels | Friendly Callers

Resident Applicant

Information & Application Package

2018-2019



Section 1 Neighbours Helping Neighbours **Services**

WHAT IS NEIGHBOURS HELPING NEIGHBOURS?

Neighbours Helping Neighbours program was created for local residents who, because of limited mobility combined with limited financial means, need assistance to complete some basic household chores as outlined below. Community volunteer(s) are matched up with a resident applicant to provide these basic services strictly on a volunteer basis and at no cost to the resident applicant.

NEIGHBOURS HELPING NEIGHBOURS Program Overview:

- 1) To provide physical supports to the resident applicant(s) as outlined below by volunteer position.
- 2) To promote and practice positive relationships between the NEIGHBOURS HELPING NEIGHBOURS volunteer with the resident applicant.
- 3) To recruit ideal volunteers who are reliable, trustworthy, and friendly.
- 4) To select ideal volunteers who are physically able to provide the services required.

SNOW ANGEL Volunteer Services

Removal of snow on your sidewalk to adhere to **Traffic Bylaw Number 1513-2011** which includes but is not limited to:

11.1 All persons owning or occupying premises in Town, shall remove and **clear away all snow, ice, dirt and other obstructions** from the sidewalk situated on land adjoining the property owned or occupied by them **within forty-eight (48) hours of the time that such snow, ice, dirt of other obstruction was deposited thereon.**

11.2 The Town may alter the expiration of the forty-eight (48) hours aforesaid, remove and clean away all snow, dirt and other obstructions required to be removed by Section 11.1 and charge the expenses thereof to the owner of occupant. In the event of non-payment of the expenses, such expenses shall be charged against the property as a special assessment to be recovered in like manner as other taxes.

GARDEN ANGEL Volunteer Services

Basic yard maintenance such as: mowing, weeding, raking leaves, etc.

FRIENDLY CALLERS Volunteer Services

Trained volunteers place a call once a week on a set day and time, for approximately 15-30 minutes, to provide resident with a friendly ear, great conversation and ensure wellbeing. Both parties must have access to a reliable landline or cell phone.

Section 2 Resident Applicant **Expectations & Responsibilities**

ELIGIBILITY

The Neighbours Helping Neighbours program is designed to assist those who cannot safely remove snow, and/or do basic lawn/garden work, on their own property. This includes, but is not exclusive to, seniors, persons with chronic illnesses and persons with disabilities. In order to access the program's services, resident applicant(s) must meet the following criteria:

- Do not have household members who are able to do these activities/services.
- Are unable to afford to pay for a service.
- Cannot safely complete activities/services mentioned in Section 1 above.
- Must have access to a reliable landline or cell phone for the Friendly Caller Program.

PROGRAM EVALUATION

You will be asked to complete an evaluation survey after each season in the Neighbours Helping Neighbours program to help FCSS continually improve the service. This can be done on paper or over the phone.

ETHICS POLICIES

Gifting

Though there are no concrete rules on gifting, you are discouraged from providing tips and gifts to volunteers as this is an unpaid, volunteer program. It is at your discretion to give gifts on special occasions. Donations may be made directly to FCSS for the Neighbours Helping Neighbours program to assist with the cost of our volunteer appreciation event.

Harassment and Abuse

Any form of harassment or abuse towards a resident applicant or volunteer by another party will be grounds for dismissal from the Neighbours Helping Neighbours program and may be reported to the authorities. These actions include but are not limited to:

- Verbal abuse (discrimination, derogatory comments, racism, etc.)
- Physical abuse
- Sexual abuse or harassment
- Neglect (refusal to assist a program participant in a time of physical crises, etc.)

Safety

In order to ensure both you and your assigned volunteer are safe, please make sure:

- You inform your volunteer of any hazards on your property including pets.
- You are aware of any risks that may be involved in allowing a volunteer into your house.
- You will provide an ergonomic snow shovel or garden tools that are safe to use and in good condition.
- If your volunteer does not shovel your property within 48 hours of a snowfall, call FCSS at 403-227-3376 so that we can arrange for another volunteer placement upon availability.

Section 3 Resident **Application Form**

To apply for the Town of Innisfail's Neighbours Helping Neighbours program complete this form and then submit this completed application to the contact information listed at the end of this form. The Coordinator will assess your application and upon approval, you will be matched with one of our volunteers to assist you with the services you checked below in question (1) one.

APPLICANT CONTACT INFORMATION

Resident Name:

Resident Address:

Phone:

Cell:

Email:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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EMERGENCY CONTACT INFORMATION

Name:

Relation:

Phone:

Cell:

<input type="text"/>	<input type="text"/>
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GENERAL QUESTIONS

1. Which *Neighbours Helping Neighbours* services do you require?

<input type="checkbox"/> Snow Angels	<input type="checkbox"/> Garden Angels
<input type="checkbox"/> Friendly Callers	<input type="checkbox"/> All <i>Neighbours Helping Neighbours</i> services listed

2. How did you hear about the Town of Innisfail Neighbours Helping Neighbours?

3. What prevents you from safely performing the work (services) you are requesting from this program i.e. snow removal, lawn care, large item pickup.

4. Do you have any pets that a volunteer needs to be aware of?

Yes No

If you answered yes, please describe what kind of pet it is, how large, friendly, not friendly etc.

5. Are there any hazards on your property that a volunteer needs to be aware of?

Yes No

If you answered yes, please give details:

6. Is there anyone else living with you in your home

Yes No

7. If you answered yes in the previous questions, then is this person able to safely perform the work (services) you are requesting from this program?

Yes No

8. If you answered no in the previous question, then please explain why they cannot perform the work.

9. Have you paid to have this type of work/service done before? If yes, how much have you paid?

- No
- Yes, and I paid \$_____per _____ (i.e. hour, day, etc.)

10. Are you eligible for the Special Needs Assistance government program?

- Yes No Unsure

11. If applicable, what areas on your property will need to be either shovelled or gardened/mowed? Please check which service(s) you are requesting, and explain how large these areas are?

- Snow removal Gardening Lawn Mowing

12. Do you have the tools required for the volunteer to use? Please check all that apply.

- Ergonomic snow shovel: Yes No
- Garden tools: Yes No
- Lawn Mower: Yes No
- Phone / Cell: Yes No

13a. What is your availability for Friendly Callers?

Please check which times and days of the week you are available.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

13b. Would you prefer:

- Female Caller
 Male Caller
 No Preference

13c. What are your hobbies and interests?

Please sign to verify your application:

I, _____
 hereby state that to the best of my knowledge the information submitted on this application is true and accurate. I understand that I will be matched with a Neighbours Helping Neighbours volunteer that best suits both parties.

Signature of Resident Applicant

Dated: _____
 M / D / Y

Section 3 Resident Applicant Confidentiality **Agreement**

Disclosure of Information

I, being the resident applicant, state that I have provided the Town of Innisfail Neighbours Helping Neighbours program with all the relevant information necessary to keep myself and the volunteer(s) safe while performing services on my property. I authorize the release of my personal information to the Town of Innisfail Neighbours Helping Neighbours program for the purpose of providing my contact information to the volunteer matched to my application.

Program Waiver

I, being the resident applicant, agree that I will not hold the Town of Innisfail, its staff, or program volunteer(s) responsible for any loss I should incur while using the services provided by the Town of Innisfail Neighbours Helping Neighbours program.

Understanding of Confidentiality

The volunteers and staff of the Neighbours Helping Neighbours program will treat all personal information you provide as confidential. There are, however, limits to this confidentiality as outlined below.

Limits of Confidentiality

1. Confidential information may be shared with program staff by volunteers for the purpose of guidance and debriefing without your consent.
2. Confidential information regarding any disclosure of abuse, self-harm or intended self-harm must be shared with staff and/or the appropriate authorities, such as the RCMP.
3. Confidential information may be shared between staff involved in the Neighbours Helping Neighbours program in order to uphold program integrity.

Please sign to verify your agreement:

I,

, have read and understand the above agreement for the Town of Innisfail Neighbours Helping Neighbours program

Signature of Resident Applicant

Dated: _____

M / D / Y

Section 4 Processing and Approval **Instructions****Complete, sign and return the entire 8 page application form for processing and approval to:**

Allyssa Bremner, Community Facilitator
mail/hand-deliver: 4943 53 Street, Innisfail AB T4G 1A1
email: allyssa.bremner@innisfail.ca

For more information please call Allyssa at
403-227-3376 ext. 225

FCSS OFFICE USE ONLY

DATE APPLICATION RECEIVED:

DATE OF INTERVIEW:

RESIDENT APPLICANT APPROVED:

 Yes No

PRIORITY:

 1 - High 2 - Medium 3 - Low

ADDITIONAL COMMENTS: