

2025-26 Resident Application for Snow Squad Volunteer Service

Program services are limited to those who live within the Loveland City limits.

All information is confidential.

Contact information will be provided to the volunteer(s) matched to assist.

PLEASE PRINT

Today's Date: _____

Name: _____

Birth Date: _____

Address: _____

Zip Code: _____

Phone: _____ Email: _____

Do you prefer phone or email as your main contact?

☐ Phone

☐ E-mail

REASON(S) SERVICE IS NEEDED (Check all that apply)

COMMENTS:

<input type="checkbox"/> Disability	
<input type="checkbox"/> No family or friends available to help	
<input type="checkbox"/> Gone for the winter	

WHAT ELSE WOULD YOU LIKE US TO KNOW ABOUT YOUR NEED FOR THIS SERVICE?

DO YOU LIVE WITHIN THE LOVELAND CITY LIMITS?

☐ Yes

☐ No

DO YOU HAVE A SIDEWALK?

☐ Yes

☐ No

DO YOU HAVE A CORNER LOT WITH SIDEWALK ON TWO SIDES?

☐ Yes

☐ No

NUMBER OF PEOPLE IN HOUSEHOLD (Check one)

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5 or more

PEOPLE IN HOUSEHOLD (OTHER THAN APPLICANT)

NAME

RELATIONSHIP (FAMILY, FRIEND, ROOMMATE, ETC.)

1. _____
2. _____
3. _____

***LIST ADDITIONAL PEOPLE ON BACK OF THIS FORM IF NECESSARY**

INCOME LEVEL

Gross Household Income: Annual - \$ _____ or Monthly - \$ _____

***PLEASE COMPLETE BACK OF THIS FORM. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____ Phone: _____

HOW DID YOU HEAR ABOUT THE PROGRAM?

PROGRAM GUIDELINES

- The volunteer(s) clear sidewalks and a direct path to your home; shoveling driveways is not required or expected of Snow Squad volunteers.
- Volunteers are only asked to shovel after a snow event of two or more inches. Please allow at least 24 hours after the snow stops falling before expecting to see your volunteer.
- If you need your driveway shoveled and/or shoveling for smaller snow events, please find another snow removal option.
- Please do not pay or tip your volunteer.
- For everyone's safety, we have asked volunteers not to enter your home; please respect this request.
- Requests are filled based on need and availability of volunteers; not all requests may be fulfilled.

Resident Waiver

I hereby request placement as a recipient in the Snow Squad program. I understand and agree to the Program Guidelines. I understand that the program is set up to help me meet the City of Loveland regulations regarding snow removal from public sidewalks. I understand that misinformation or failure to adhere to the guidelines could result in discontinuation of the Snow Squad service. I will contact the Snow Squad program with any questions, concerns, or requests. I hereby release, exempt, and discharge the City of Loveland, its officers, employees, volunteers and agents (collectively referred to as the City) from any and all claims, demands, actions, damages and liability, including any claims of personal injury and property damage arising from the services provided to me by the City through the Snow Squad program, whether or not caused by the act, omission, negligence, or other fault of the City, or by other cause. I understand that shoveling the driveway is NOT a requirement of the program.

Resident's Signature:

Date:
