



DEPARTMENT OF HUMAN SERVICES  
12900 MADISON AVENUE • 44107  
Telephone: (216) 529-6870  
FAX: (216) 529-7676  
[www.onelakewood.com](http://www.onelakewood.com)

DOROTHY M. BUCKON, RN  
DIRECTOR OF HUMAN SERVICES

MARY S. HALL, L.I.S.W.  
ASSISTANT DIRECTOR OF YOUTH

Dear Student:

You have either been registered in the past or expressed an interest in Lakewood's Senior Snow Removal program. The City of Lakewood has received a cut in funding from the Federal Community Development Block Grant. Some of these dollars were used to fund the cost of the senior snow removal program. Because of these cuts, there are some changes to the program. This year each senior who is in the program will be limited to five \$15.00 payment vouchers for the entire season.

If seniors have used all the allotted vouchers and still need their snow shoveled, they must be willing and able to pay the \$15.00 directly to you. Because of this change, it is important that prior to shoveling for a senior, you verify they have a voucher or are willing to pay the \$15.00 for the snow removal. This rate is the established program rate. You may not negotiate a different rate.

If you are interested in participating, please complete the attached application and have your parent/guardian read and sign the attached waiver and return both to me as **soon as possible** so we can assign you to people in your neighborhood. The sooner we receive it, the better your chances will be of being assigned seniors on your street or close to where you live. Lakewood Dept. of Human Services/Youth is open Monday through Friday from 8:00 a.m. to 5:00 p.m. Or, if you wish, you may mail the completed form to:

Snow Program  
Lakewood - Human Services/Youth  
12900 Madison Avenue  
Lakewood OH 44107

You could also fax your application and the signed waiver to (216) 529-7676 to my attention. Or scan the filled out and signed documents and send them as an attachment to me at [karyl.aghajianian@lakewoodoh.net](mailto:karyl.aghajianian@lakewoodoh.net). If you have any questions or would like more applications for siblings or friends, please call 529-6868.

Sincerely,

Karyl Aghajianian

The City of Lakewood, Department of Human Services, provides a continuum of responsive programs and services that enhance and promote the health and well-being of individuals, families and the community.



**\*\*\*\*\*2011-2012 SNOW REMOVAL PROGRAM \*\*\*\*\***

- \* You are **required to submit** a completed registration form **including your date of birth and parent/guardian signature**.
  - \* You will be given names, addresses and phone numbers of several senior citizens for whom you can shovel, provided **THEY CALL YOU**.
  - \* Each senior citizen will receive names and phone numbers of **several** students who are registered with the Snow Removal Program, and the senior will call one of the names on the list.
  - \* Although the senior's phone number is given to you, **PLEASE DO NOT CALL THEM** unless it is absolutely necessary; for example, if you cannot come over in 1/2 hour as you had promised, then call.
  - \* If a senior calls you to shovel, you are encouraged to shovel as soon as possible, providing it is not still snowing. If it is still snowing, please wait. However, some seniors may need the sidewalks or driveway cleared immediately for safety reasons.
  - \* There **MUST BE** at least **TWO (2) INCHES OF SNOW ON THE GROUND** before you can be paid for shoveling.
  - \* **THE RATE OF PAYMENT IS SET** so please **DO NOT QUOTE OTHER RATES OR NEGOTIATE WAGES**. Prior to shoveling, make sure the senior has a voucher or is willing to pay the set rate for the work being done.
  - \* If you have agreed to shovel for individuals **Not In Program**, it will be up to you to negotiate an agreed upon rate with that resident and they will pay out of pocket.
  - \* **YOU MUST SIGN A 2011-2012 GREEN VOUCHER THAT THE SENIOR HAS IN ORDER TO BE PAID**. Please make sure that we can read your handwriting, or you may not get paid. The senior will also sign this voucher indicating that you have done a satisfactory job and that you can be paid and will give you the voucher.
  - \* Remember, you do not receive payment from the senior or from the Division of Youth . . . **you bring the GREEN vouchers to the Office on Aging, 16022 Madison Avenue (at Northland)**, Monday through Friday between the hours of 8 a.m. and 4:30 p.m. Please redeem the vouchers within the same week or as soon as possible. If you have any questions regarding the program, call the Lakewood Division of Youth at **529-6870**.
  - \* You must be **AT LEAST 12 YEARS OLD** in order to participate in this program.
  - \* **ONLY** students who are registered for this program may shovel. Please **DO NOT** give your friend's name to a senior citizen or a senior's name to a friend.
  - \* Vouchers for the winter of 2011-2012 are printed on **GREEN** paper. **Please do not sign or accept vouchers of any other color**, as they would be from a previous year, and the senior needs to throw them away.
  - \* **ALL VOUCHERS MUST BE REDEEMED BY MAY 2, 2012**, in order to be honored.
- Please **keep this fact sheet**, but after you have completed the attached forms, please return them to:

SNOW REMOVAL PROGRAM  
Lakewood Human Services/Youth  
12900 Madison Avenue  
Lakewood OH 44107  
(216) 529-6870

**2011-2012 LAKEWOOD HUMAN SERVICES/YOUTH  
SNOW REMOVAL PROGRAM REGISTRATION FORM**

**DATE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**YOUR ADDRESS:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL ATTENDING:** \_\_\_\_\_ **TIME YOU GET OUT OF SCHOOL:** \_\_\_\_\_

Please let us know:

Will you be using a snowblower? Yes\_\_ No\_\_

Are you interested in also being assigned in other areas of Lakewood where we may not have anyone to shovel? Yes\_\_ No\_\_

Are you able to drive or be driven to other areas in the City? Yes\_\_ No\_\_

Do you want to shovel for people **Not In the Program** who would pay out of pocket? Yes\_\_ No\_\_

If you were in program last year, would you like to shovel for the same senior citizens? Yes\_\_ No\_\_

Which seniors, if any, you would prefer **NOT** want to shovel for:

Did you have any problems last year? If yes, please tell us what.

\*\*\*\*\*  
FOR OFFICE USE ONLY

NOTES: \_\_\_\_\_ Ward \_\_\_\_\_

SENIORS (in program)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SENIORS (not in program [NIP], if applicable):

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_



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## 2011-2012 SNOW REMOVAL PROGRAM WAIVER

I, the undersigned, parent/guardian of \_\_\_\_\_ (“Participant”), a minor under the age of eighteen, do hereby grant permission for him/her to participate in the City of Lakewood Snow Removal Program. In consideration of his/her participating in the activity, I voluntarily assume all risks of accident or injury on behalf of him/her and release the City of Lakewood and the Lakewood Foundation, Inc., their employees, officers and agents from any and all liability for personal injury or property damage of any kind sustained in connection with his/her participation. I hereby acknowledge that snow removal could result in serious physical injury or death.

I acknowledge that the Participant will not be an employee or acting in the capacity of a servant or agent of the City of Lakewood or the Lakewood Foundation, Inc. The Participant and Parent or Guardian hereby indemnify the City of Lakewood and the Lakewood Foundation, Inc., their officers, agents and employees from and against any and all claims, demands, suits, judgments, causes of action and liability for any damages or injury occurring directly or indirectly as a result of my participation in this Program.

I further acknowledge that if the Participant is using a snow blower to remove snow, that I have provided the equipment, I have properly maintained the equipment and that I have trained Participant in the safe use of the equipment. The City of Lakewood is in no way responsible for training or supervision in the removal of snow in conjunction with the program.

Participant hereby agrees to participate in the City of Lakewood Snow Removal Program and to follow the rules governing the program. Participant and Parent or Guardian warrants that Participant has no physical or mental limitations that would prohibit participation in the program.

\_\_\_\_\_  
 Parent/Guardian Date

\_\_\_\_\_  
 Signature of Participant Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Printed Name Date of Birth

DHS/DY Staff Initials \_\_\_\_\_

The City of Lakewood, Department of Human Services, provides a continuum of responsive programs and services that enhance and promote the health and well-being of individuals, families and the community.

