



**REQUEST FOR ASSISTANCE APPLICATION**  
**SNOW BUSTER VOLUNTEER**  
**MATCH PROGRAM**

**PLEASE PRINT OR TYPE:**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Over 18 years old:  yes  no Email: \_\_\_\_\_

**REASON: (Check all that apply)**

**COMMENTS:**

<input type="checkbox"/>	Disability	
<input type="checkbox"/>	Family and/or friends unavailable to help	
<input type="checkbox"/>	Away from residence for extended period	
<input type="checkbox"/>	Unable to pay for contractor service	

**Liability Release – Read Carefully**

I AGREE TO INDEMNIFY AND HOLD HARMLESS THE TOWN OF SUPERIOR , ITS OFFICERS, EMPLOYEES, AGENTS, CONSULTANTS, SUBCONTRACTORS, INSURERES AND REPRESENTATIVES (COLLECTIVELY THE "TOWN"), FOR ANY LOSS, DAMAGE OR INJURY TO MYSELF OR MY PROPERTY IN ANY WAY RELATED TO MY PARTICIPATION IN TOWN PROGRAMS. THE IS RELEASE OF LIABILITY APPLIES TO ME AS WELL AS ANY OF MY CHILDREN, PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN. I AUTHORIZE THE TOWN IN A MEDICAL EMERGENCY TO SEEK EMERGENCY MEDICAL ASSISTANCE AT MY EXPENSE. I GIVE PERMISSION TO THE TOWN TO USE ANY PHOTOGRAPHS, VIDEOTAPE OR OTHER MEDIA RECORD OF MY PARTICIPATION IN TOWN PROGRAMS FOR ANY LAWFUL PURPOSE, WITHOUT COMPENSATION.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
 (or parent/guardian)

Information provided here is for Town of Superior use only, and will not be shared with outside sources.

**Submit to: Snow Buster Program, Town of Superior, 124 E. Coal Creek Drive, Superior, Colorado 80027 Phone: 303-499-3675 Fax: 303-499-3677 email: [volunteerops@superiorcolorado.gov](mailto:volunteerops@superiorcolorado.gov)**