# Operation Snowflake

## Calling All Youth Ages 11—18

The Town of Cortlandt is seeking youth to shovel the driveways, pathways and sidewalks for the Town's Senior Citizens this winter season.

The application can be found online or in the brochure.



For more information contact Katherine at 914-736-0498 or ksclafani@townofcortlandt.com.

## **Calling All Senior Citizens**

If you are in need of this service or you know a Senior in need of this service have them call Becky Ferguson at 914-528-8377 for eligibility requirements.

#### Town of Cortlandt



### **OPERATION SNOWFLAKE**

## Student Snow Removal Application Deadline: Tuesday, October 9, 2018



Ages 11 - 18

Student's Name:		
Street Address:		
Town:	State: NY Zip	Code:
House Phone #:	Cell Phone #: _	
Date of Birth:/	Age: School Attending	g:
Do you have any health conditions which	h could hinder you from doing this	task? Yes □ No □
Do you consider yourself physically fit a	and able to shovel snow? Yes □	No □
Please list one checkable reference (Adu	ılt, non-relative):	
Name		Phone #
Please check-off ALL the areas in the Te	own of Cortlandt you can travel to	for shoveling:
☐ Blue Mountain MS Area	☐ Crompond	☐ Hudson Valley Hospital Area
☐ Buchanan	☐ Croton-Harmon HS Area	☐ Montrose
☐ Copper Beach MS Area	☐ Croton-on-Hudson	☐ M.H.M. Community Center Area
☐ Cortlandt Manor	☐ Crugers	☐ Pierre Van Cortlandt MS Area
☐ Cortlandt Town Center Area	☐ Forno's Pizzeria Area	□ Verplanck
☐ Cortlandt Town Hall Area	☐ Hen-Hud HS Area	☐ Walter Panas HS Area
If the areas above are too general and yo streets below:	ou are only able to shovel on specifi	c streets please neatly list those

### Operation Snowflake Student Snow Removal Application

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	agree to allow my name to appear on the list given to
(Print Student's Full Name) the Senior Citizens who are participating in the Operatio only. I will abide by the safety guidelines of the program	
Student's Signature:	Date:
Parent or Legal Guardian's Signature:	Date:
Print Parent or Legal Guardian Name:	
Parent or Legal Guardian Cell #:	
Parent or Legal Guardian Email:	
Operation Snowflake (O.S.) Application Proce	edures:
1. Complete this application in its entirety with your	r parent(s)
2. Mail-in or drop-off this Application by Tuesda	y, October 9 <sup>th</sup> (to the addresses below)
3. Await the O.S. Packet via the mail (guidelines,	contract, voucher, etc.)
4. Complete <b>ALL</b> paperwork in the O.S. Packet in i	ts entirety with your parent(s)
5. Mail-in or drop-off all paperwork from the O.S. F	Packet by Thursday, November 8th
I understand completing this application is only step at complete all 5 steps by the deadlines listed above I will nowflake Program.	
Student's Signature:	Date:
Parent or Legal Guardian's Signature:	Date:
<b>Mail-In or Drop-Off at:</b> Attention Operation Snowflake Town of Cortlandt Recreation	<b>Drop-Off ONLY at:</b> Town of Cortlandt Youth & Recreation Center

For more information please contact Katherine Sclafani, at 914-736-0498 or email at <a href="mailto:katherines@townofcortlandt.com">katherines@townofcortlandt.com</a> or log on to <a href="www.townofcortlandt.com/yc">www.townofcortlandt.com/yc</a> (PAGE 2 of 2 / TURN OVER)

3 Memorial Drive

Croton-on-Hudson, NY 10520

1 Heady Street

Cortlandt Manor, NY10567