



Town of Cortlandt

OPERATION SNOWFLAKE



Student Snow Removal Application

Name: _____

Address: _____

Phone #: _____

School Attending: _____

Age: _____ Date of Birth: #: ____/____/____

Below list one checkable reference (Adult, non relative):

_____	_____
Name	Phone #

What areas in the Town of Cortlandt could you travel to for shoveling? Please list below:

Do you have any health conditions that might hinder you from doing this task? Yes No

Do you consider yourself physically fit and able to shovel snow? Yes No

I agree to allow my name to appear on a list given to Senior Citizens for snow shoveling purposes only. I will abide by the safety guidelines of the program.

Student Signature: _____

Print Student Name: _____

Parent or Legal Guardian Signature: _____

Print Parent or Legal Guardian Name: _____

Return to: Colleen Anderson/Rebecca Ferguson
Cortlandt Youth & Recreation Center
1 Heady Street
Cortlandt Manor, NY 10567