



SCARBOROUGH SUPPORT SERVICES

The Outdoor Maintenance Program

APPLICATION FORM

The Outdoor Maintenance Program is part of a variety of home support services that are offered by Scarborough Support Services. This Program will match seniors and adults with disabilities with students who are willing to perform odd jobs that they are unable to do themselves. Jobs include *grass-cutting*, snow shoveling and leaf raking.

There are two components to the program, **Winter and Summer**:

1. Applicants for the **Winter Program** are required to shovel driveways for clients when necessary. **You will be paid \$12 for a single driveway and \$17 for a double driveway by the client(s) when the job has been completed.**
2. **The Summer Program** requires you to mainly do grass cutting, weeding, leaf raking, light gardening etc. **You will be paid \$10.00 per hour by the client(s) when the job has been completed.**

The client(s) will also provide you with all the necessary equipment.

Your phone numbers are given directly to the client(s) who will contact you to make the arrangements. **If you are no longer available for work, please contact our office, so your name can be removed from our list.**

Please be advised, you will only be contacted when work is available. Although all efforts will be made, we cannot guarantee a regular flow of work, as we are dependent on our clients calling us for help when they need it.

TO REGISTER WITH THE OUTDOOR MAINTENANCE PROGRAM, PLEASE VISIT OUR WEBSITE OR COMPLETE THE BOTTOM PORTION OF THIS FORM AND SEND TO:

Outdoor Maintenance Coordinator
 Scarborough Support Services for The Elderly
 1045 McNicoll Avenue
 Scarborough, Ontario, M1W 3W6
 Telephone (416) 750-9885 Fax (416) 750-1310
 EMAIL: outdoormaintenance@ssse.ca
 WEBSITE: www.ssse.ca



A United Way Member Agency



SCARBOROUGH SUPPORT SERVICES

THE OUTDOOR MAINTENANCE PROGRAM

I am interested in registering for the (please check) WINTER PROGRAM SUMMER PROGRAM BOTH

I'm available (Please check). AFTER SCHOOL DURING THE DAY ON WEEKENDS

(Please print all entries)

SURNAME: _____ GIVEN NAME: _____ PHONE: _____

ADDRESS: _____ POSTAL CODE _____

MAIN INTERSECTIONS: _____ NAME OF SCHOOL: _____

DATE OF BIRTH: _____ MALE FEMALE

WAIVER

I recognize that this is a program designed to assist Seniors/Disabled Adults in the City of Scarborough, and I will be paid directly by the Client(s).

I am aware that my phone number will be given to the client(s) that I am serving.

I acknowledge that Scarborough Support Services for the Elderly, is not responsible in the event of accident or injury.

Signature of Parent/Guardian

Date

Signature of Applicant

Date