



# Snow Angels Volunteer Application

NeighborWorks Northeastern Pennsylvania collaborated with Geisinger Commonwealth School of Medicine last winter to develop Snow Angels which is a volunteer-based program that assists older adults in Lackawanna County with snow removal 24-48 hours after snowfall. Volunteers are matched with clients based on residential addresses and are attempted to be kept within walking distance. If you are interested in volunteering, please fill out the below application and you will be contacted with further instructions! Shovels and rock salt will be provided to all volunteers. Volunteer applications will be accepted on a rolling deadline until late February & should be returned to Alyssa Espinoza at [aespinoza@nwnepa.org](mailto:aespinoza@nwnepa.org)!

## Contact Information

Name of Volunteer: \_\_\_\_\_

Affiliation: *(if applicable)* \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

## Service Information

Will you have a partner with you when volunteering?  Yes  No

If yes, please provide the name and phone number of your partner:

\_\_\_\_\_

Are you willing to take on more than one client?  Yes  No  Maybe

What is the furthest distance you are willing to travel for your services? \_\_\_\_\_

Are there any dates in the winter season you know you will be unavailable? (EX: Winter breaks, vacations, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the estimated dates: \_\_\_\_\_

Please provide any additional information you would like NeighborWorks to know prior to matching clients:

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How did you learn about the Snow Angels Volunteer Program? Please specify.

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Please acknowledge that you understand and agree to the following statement as a requirement of your participation in the Snow Angels Program:

The older adult's home with which you are paired should have the snow removed within 24-48 hours after the cessation of any snowfall or what is required within the municipal code for the particular service site. **By signing below, I agree with the above statement.**

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please return completed applications to:  
Alyssa Espinoza  
Aging in Place Project Specialist  
NeighborWorks Northeastern Pennsylvania  
Email: [AEspinoza@wnepa.org](mailto:AEspinoza@wnepa.org)  
Or  
815 Smith Street  
Scranton, PA 18504  
Phone: 570-558-2490