

LAWN CARE WORKER RE-REGISTRATION FORM

GENERAL INFORMATION	
FIRST NAMI	E: LAST NAME:
ADDRESS	S:
INTERSECTIO	N
PHONE (HOME): PHONE (OTHER):
EMAIL ADDRESS	5:
WORKER TYPE	
☐ Youth Worker (12	-17) 🗆 Adult Worker 18+ 🗆 Adult Worker (equipment)
ADDITIONAL INCO	
ADDITIONAL INFO	
	wers
Lawn Mo	wers □Yes □No Snow Blowers: □Yes □No
List the equipment	vou
List the equipment y have on hand	you
nave on nand	
Do you require a new identification badge? ☐ Yes ☐ No	
Mode of Transport:	□Bus □Car
• • • • • • • • • • • • • • • • • • •	
TASK PREFERENC	ES Control of the con
Note that we do not allow workers to perform tasks that require the use of a ladder	
LAWN AND GARDEN CARE	
\square Yard Clean Up \square	Grass Cutting \square Gardening \square Weeding \square Watering \square Leaf Raking
Would you be interested in having your name placed on our 'on call request list'? this will include clients	
requests for one tim	e jobs or to cover for other workers
□Yes □No	
WORKI CAR	
WORKLOAD	
• •	nany Clients would you like to be matched with and in what areas would you like to work. The state of the number of Clients matched as it is based on the number of requests
received.	ite to guaruntee the humber of chemis matched as it is based on the humber of requests
Maximum number	Desired Work Area
of Clients	(desired boundaries)
We service the North York and Mid-Town Toronto communities.	
Contact the office for a copy of our service area map for further details.	
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To confirm your active status in the program we require you to re-register each season

To re-register you may complete one of the following by March 1;

- 1. Email the completed Re-Registration Form to fourseasons@betterlivinghealth.org
 - 2. Fax the completed Re-Registration Form to 416-510-1104
- **3. Phone** the office at **416-447-5074** to inform of your continued interest and to notify of any changes to your information

Thank you for your continued support and commitment to the program