

**Contact Information**

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Address:	<input type="text"/>	Major Intersection:	<input type="text"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
Email Address:	<input type="text"/>	Mode of Transportation:	<input type="text"/>

**Additional Information****Worker Type:** ☐ Youth Worker (12-17 years) ☐ Adult Worker (18 + years) ☐ Adult Worker (equipment)**Do you have experience with the following equipment?** **Lawn Mowers:** ☐ Yes ☐ No **Snow Blowers:** ☐ Yes ☐ No

Please list equipment you have on hand:

**Do you require a new Identification Badge?** ☐ Yes ☐ No**Job/Task Preference****1. I am interested in assisting with the following tasks** (please note that workers are not to perform tasks that require the use of a ladder):

**Snow Removal:** ☐ Single Driveway ☐ Double Driveway ☐ Triple Driveway ☐ Walkway ☐ Windrow

**Outdoor Tasks** ☐ Leaf Raking ☐ Yard Clean Up ☐ Odd Jobs

**2. Would you be interested in having your name placed on our 'On Call Request List?' This list will include client requests for one time jobs and/or to cover clients on a temporary basis due to worker absence:**☐ Yes ☐ No **If yes, please specify preferred method of contact:** ☐ Home Phone ☐ Cell Phone ☐ Email**3. Approximately how many clients would you like to assist and in what area would you like to work?** Please note that the number of clients matched is based on the number of requests in your area. We cannot guarantee that you will be matched.

Maximum Number of Clients Requested:

Desired Work Area:  
(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.**

**To confirm your active registration in the program we require our workers to re-register each new season.****To re-register you may complete one of the following by September 30;**

- 1. Email** the completed Re-Registration Form to [fourseasons@betterlivinghealth.org](mailto:fourseasons@betterlivinghealth.org)
- 2. Fax** the completed Re-Registration Form to **416-510-1104**
- 3. Phone** the office at 416-447-7244 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***