



## **STUDENTS ASSISTING SENIORS & DISABLED RESIDENTS (SAS)**

### ***LEAF RAKING/SHOVELING ASSISTANCE***

Dear Student Volunteer,

Thank you for your interest in *Students Assisting Seniors* (SAS) which is designed to assist our Trumbull senior and disabled residents with Leaf Raking and/or Snow Shoveling. You will receive Community Service Hours in exchange for your help.

Please fill out and return the parental signature form and liability form to be entered into the program (if you are 18 or older, a parent signature is not required.) Your information will not be shared outside of this program.

Forms can be scanned and emailed to:

[jfranco@trumbull-ct.gov](mailto:jfranco@trumbull-ct.gov);

or mailed to:

The Trumbull Senior Center  
23 Priscilla Place  
Trumbull, CT 06611  
Attention: Front Office

When a resident is in need of raking or shoveling, they will contact the Trumbull Senior Center and the Center will contact you. You may choose which jobs to accept and can work individually, in pairs or in a group. Services are limited to outdoor work only. You are responsible for your own transportation. Once the job is complete, the homeowner will sign your Community Service Form.

Thank you for your willingness to help our seniors and people with disabilities!

If you have any questions, please contact the Center at 203-452-5199.

Michele Jakab  
Director of Human Services &  
Trumbull Senior Citizens Commission

# **STUDENTS ASSISTING SENIORS & DISABLED RESIDENTS (SAS)**

## **Raking/Shoveling Parental Permission Form and Guidelines**

Students seeking Community Service Hours through raking leaves and/or shoveling snow for Trumbull seniors and people with disabilities for the 2019-2020 school year. \*If 18 or over, the student may sign with no parental consent necessary.

### **Please Complete and sign:**

I, \_\_\_\_\_, give permission for my child\* \_\_\_\_\_ to participate in the Leaf Raking Program \_\_\_\_\_ Snow Shoveling program \_\_\_\_\_ or both programs \_\_\_\_\_ to receive Community Service Hours.

If interested in shoveling, my preference would be: \_\_\_\_\_ Walkway \_\_\_\_\_ Driveway \_\_\_\_\_ Fire Hydrant

Student lives near: \_\_\_\_\_ Elementary School

Student Contact Number: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

### **Guidelines:**

- The Trumbull Senior Center will contact the student when service is requested. The student may choose which jobs to accept.
- Service is limited to outside work only.
- Student will provide their own transportation.
- Student may be asked to provide the necessary materials to perform the job.
- Student should bring their Community Service Form to be signed upon completion of the job.
- Please contact the Trumbull Senior Center with any questions 203-452-5199.

Completed form and Liability Waiver may be scanned and emailed to: [jfranco@trumbull-ct.gov](mailto:jfranco@trumbull-ct.gov); or forms may be mailed to: The Trumbull Senior Center, 23 Priscilla Place; Attention: SAS. Your submission will be confirmed when received.

Thanks to you choosing to help our senior/disabled residents.

Michele Jakab  
Director of Human Services &  
Trumbull Senior Citizens Commission

**RELEASE AND WAIVER OF LIABILITY  
COMMUNITY SERVICE TRUMBULL STUDENTS ASSISTING SENIORS  
& DISABLED PROGRAM**

This is a legally binding Release made by me \_\_\_\_\_ (please print full name) and my guardian if under the age of 18 \_\_\_\_\_ to The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider regarding my participation in the Students Assisting Seniors program for Community Service Hours.

I fully recognize that there may be direct, indirect or inherent risks and hazards involved in the activity of the SAS community service program and it is with full knowledge of the facts and circumstances surrounding the service activity and to the extent permitted by the State of Connecticut, that I release The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider from any liability whatsoever arising out of my participation in the SAS program. I assure The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider that here are no health-related reasons or problems which preclude or restrict my participation in the SAS Program.

**Discharge all Liability:** I understand that this Release discharges The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider from any and all liability for any injuries sustained, or property damage that may result in connection with the SAS program activities, whether caused by the negligence of the community service provider or other SAS participants. I also agree to assume all of the risks and responsibilities in any way associated with the SAS activities and understand that this Release and Hold Harmless agreement shall bind the members of my family, if I am alive, as well as my estate, family, administrators, personal representatives or assignees, and if I am deceased shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the above-named parties. I further agree to save and hold harmless, indemnify and defend The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider from any claim by me or my family arising out of my participation in the SAS Program activities. If any term of the Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

I understand that The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider does not carry or maintain any health, medical or disability insurance coverage for me. I understand that The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider does not assume any responsibility for or obligations to provide financial assistance, or other assistance, including medical, health or disability insurance in the event that I receive an injury or illness.

**I Release all Later Claims.** I also release and forever discharge The Town of Trumbull, the Trumbull Public School System and their officers, employees, attorneys and agents, community program service office and any community service provider from any claim whatsoever which arises or may arise later from any first aid, medical treatment or other service provided in connection with the SAS Program activities. This Release is to be governed by the laws of the State of Connecticut, and the invalidity of any provision shall not affect the remaining provisions of this Release.

I freely, voluntarily and without duress execute this Release and Waiver of Liability and Discharge of Liability.

Date: \_\_\_\_\_

Participant Name (please print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

If under 18, Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_