

# City of St. Clair Shores

27600 Jefferson Circle Drive St. Clair Shores, MI 48081-2093

Phone: (586) 445-5200 Fax: [www.scsmi.net](http://www.scsmi.net)

## Mayor

Robert A. Hison

## Mayor Pro-Tem

David J. Rubello

## City Manager

Kenneth R. Podolski



## Council Members:

Ronald J. Frederick

Beverly A. McFadyen

Peter A. Rubino

Candice B. Rusie

Kip C. Walby

## Attention Students and Adults: We're looking for a few good neighbors!



The St. Clair Shores Center for Active Adults is launching the **Good Neighbor Exemplary Award Program**. The program is designed to encourage volunteers to assist their neighboring senior citizens and disabled residents with winter snow removal, summer grass cutting and fall leaf raking.

To be eligible for an Exemplary Award, volunteers need to register by completing and submitting a Helping Hands Volunteer Application Form. Forms can be picked up at the Center for Active Adults, 20000 Stephens Road, or download them directly from the internet at:

[www.scsmi.org/departs/seniors/seniors.htm](http://www.scsmi.org/departs/seniors/seniors.htm).



Volunteers are asked to seek out neighbors in their area needing help **or** to contact the Center for Active Adults for a list of neighbors needing assistance. Each time a volunteer assists an area senior, the senior can submit the volunteer's name for the following Good Neighbor Exemplary Awards:



- **A monthly drawing for a \$50 gift card.** This winter, three gift cards will be awarded for volunteer services performed. Awards will be given at the end of January, February and March. Volunteers can have their name submitted each time they assist a St. Clair Shores senior citizen or disabled resident. The monthly winner will be chosen by random drawing from the Nomination Forms received that month. The winners must be registered with the Helping Hands program, and must be residents of St. Clair Shores.
- **Two \$500 scholarships.** Two scholarships will be awarded at the end of April, to volunteers that have gone **above and beyond** in helping seniors in St. Clair Shores. Volunteers can have their name submitted each time they assist a St. Clair Shores senior citizen or disabled resident. Winners will be chosen by a panel of community leaders. The winners must be registered with the Helping Hands program, and must be residents of St. Clair Shores.



Good Neighbor Exemplary Award Nomination Forms can be picked up at the Active Adult Center, 20000 Stephens Road, or downloaded from the internet at [www.scsmi.org/departs/seniors/seniors.htm](http://www.scsmi.org/departs/seniors/seniors.htm). Volunteers are asked to provide Nomination Forms to the neighbors receiving their help. Additionally, volunteers can have community service hour sheets signed at the Active Adult Center when Nomination Forms are received.



We appreciate your help in keeping our area senior citizens and disabled residents safe in their homes! Please feel free to contact the St. Clair Shores Senior Activities Center at (586) 445-0996 or the Helping Hands Program at (586) 498-2413 for additional information.



12/10/09

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# Good Neighbor Nomination for Exemplary Service Award

***Yes! I'd like to submit a nomination for the Good Neighbor Exemplary Service Award!***

My Name: \_\_\_\_\_

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

My Phone Number: \_\_\_\_\_

My Date of Birth: \_\_\_\_\_

***Please enter this person for the Good Neighbor Exemplary Service Award:***

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

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

Volunteer Phone Number: \_\_\_\_\_

This Good Neighbor helped me with:

snow shoveling on (list date) \_\_\_\_\_

lawn moving on (list date) \_\_\_\_\_

leaf raking on (list date) \_\_\_\_\_

other, please specify: \_\_\_\_\_

## Mail this form to:

City of St. Clair Shores  
Active Adult Center Good Neighbor Nomination  
20000 Stephens Road  
St. Clair Shores, MI 48080

I understand that by mailing this form I will help this volunteer earn community service hours and recognition for helping me out with a chore at my home.

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Center for Active Adults  
20000 Stephens Road  
St. Clair Shores, MI 48080

Center for Active Adults (586) 445-0996  
Helping Hands (586) 498-2413

## Volunteer Intake Form Active Adults Helping Hands Program

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

Name: \_\_\_\_\_

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

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

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

School: \_\_\_\_\_

District: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Gender: \_\_\_\_\_

*What types of services can you offer to assist area senior and disabled residents?*

snow shoveling      winter months

lawn moving      summer months

leaf raking      fall months

other, please specify: \_\_\_\_\_

*What are convenient days for you to volunteer?*

Mon     Tues     Wed     Thurs     Fri     Sat     Sun

*What are you expecting to receive from your volunteer assistance?*

Service hours

Pay for service

St. Clair Shores Department of Parks & Recreation  
Center for Active Adults  
Waiver of Liability  
Senior Helping Hands Program  
20000 Stephens Road  
St. Clair Shores, Michigan 48080  
(586) 498-2413

Volunteer Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, individually, release from any liability the City of St. Clair Shores, its Agents, officers, servants, employees and clients from any and all liability. Claims, damages and actions whatsoever arising out of or in any way sustained by myself personally or to my property and/or property in my possession while participating in activities connected with the sponsored, in whole or part, by the St. Clair Shores Department of Parks & Recreation (Active Adults Helping Hands Program). This also includes release for loss of or damage to personal property.

Clients warrant that the premises are free from hazards and defects and that any equipment, tools, or devices being furnished to the volunteer under this program are free of defects and suitable for the use intended to the best of their knowledge and belief.

I also agree that information on my Volunteer Intake Form can be disclosed to others in order to assess my ability to perform service. Although, I do understand that the utmost care will be taken to keep my records confidential.

I also intend that his release apply additionally to successors, assigns and heirs.

Signature of Volunteer:

\_\_\_\_\_

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

Signature of Minor Volunteer's Parent:

\_\_\_\_\_

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