

LABOR OF LOVE VOLUNTEER INFORMATION FORM
for volunteers age 18 and older

Please complete both sides of form and return to:

Labor of Love
United Way of Eastern LaSalle County
601 State Street, Ottawa, IL 61350

NAME: _____
(Please Print)

ADDRESS: _____

PHONE: _____ / _____ / _____
AM Phone PM Phone Cell

E-mail: _____

If applicable fill in the following information...

I WOULD LIKE TO WORK WITH THE FOLLOWING:

COMPANY/VOLUNTEER TEAM: _____

HOUSE CAPTAIN: _____

WORKERS: _____

Please choose from the following to participate in the 27th "Labor of Love" project on October 6, 2018 from 7:00 A.M. to 5:00 P.M.-----



I will volunteer my time and skills.

SKILLS: _____

TOOLS I WILL BRING: _____

HOURS I CAN WORK: _____



I have materials or supplies to donate.

MATERIALS/SUPPLIES: _____

Please call the United Way office (815-434-4003) if you would like us to pick up and deliver the materials or supplies.



I would like to make a cash donation.

AMOUNT: \$ _____

VOLUNTEERS MUST SIGN WAIVER OF LIABILITY ON BACK.

House Assignment: (for office use only) _____

WAIVER OF LIABILITY

Labor of Love Home Repair Project

In consideration of the opportunity afforded me to assist on a voluntary basis in the United Way of Eastern LaSalle County Labor of Love Home Repair Program, a program in which the homes of disadvantaged persons will be repaired by volunteers, and in light of the aims and purposes of the community service provided by Labor of Love in organizing this project, I hereby waive any right or cause of action arising as a result of my participation in said program from which any liability may or could accrue against United Way of Eastern LaSalle County, Labor of Love or its officers and directors collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities for the Home Repair Program.

I grant United Way of Eastern LaSalle County and Labor of Love the right and permission to publish, copyright, and use any photographs taken of myself as a participant of Labor of Love.



Date _____ 2018

Name Printed

Signed

***I understand I will be informed of my house assignment
between now and October 6th.***

STUDENT FORM VOLUNTEER SIGN-UP FORM STUDENT FORM

Please complete **both sides** of form and return to: Labor of Love
United Way of Eastern LaSalle County
601 State Street, Ottawa, IL 61350

NAME: _____
(Please Print)

ADDRESS: _____

PHONE: _____ / _____ / _____
AM Phone PM Phone Cell

E-mail: _____

If applicable fill in the following information . . .

I WOULD LIKE TO WORK WITH THE FOLLOWING:

SCHOOL: _____

ORGANIZATION/GROUP: _____

HOUSE CAPTAIN: _____

WORKERS: _____



I have no preference concerning house assignments.

Please complete the following to participate in the 27th “Labor of Love” project on October 6, 2018 from 7:00 A.M. to 5:00 P.M.-----



I will volunteer my time and skills.

SKILLS: _____

TOOLS I WILL BRING: _____

HOURS I CAN WORK: _____

YOUTH VOLUNTEERS & PARENTS
BOTH MUST SIGN WAIVER OF LIABILITY ON BACK!
[No exceptions – Youth cannot participate without parents’ signature(s)]

House Assignment: (for office use only) _____

WAIVER OF LIABILITY

Labor of Love Home Repair Project

In consideration of the opportunity afforded my child to assist on a voluntary basis in the United Way of Eastern LaSalle County Labor of Love Home Repair Program, a program in which the homes of disadvantaged persons will be repaired by volunteers, and in light of the aims and purposes of the community service provided by Labor of Love in organizing this program, I (we) give (our) my permission for my (our) child, _____ to participate in the Labor of Love Home Repair Program, and I (we), on behalf of my (our) child and myself (ourselves), hereby waive any right or cause of action arising as a result of my child's participation in said project from which any liability may or could accrue against United Way of Eastern LaSalle County, Labor of Love or its officers and directors collectively or individually. Without limiting the generality of the foregoing, I (we) on behalf of my (our) child and myself (ourselves), agree that this waiver shall include any rights or causes of action resulting from personal injury to my child or damage to my child's property sustained in connection with my child's activities for the Home Repair Project.

I grant United Way of Eastern LaSalle County and Labor of Love the right and permission to publish, copyright, and use photographs taken of myself (my child) as a participant of Labor of Love.

This 6th Day of October 2018

Student's Signature

Parent(s)' Name(s) (Printed)

Parent(s)' Signature(s)



I understand every effort will be made to inform (my child) of (his/her) house assignment prior to October 6th.