

**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 28<sup>th</sup> "Labor of Love" project on October 5, 2019 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 \_\_\_\_\_ 2019

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signed

***I understand I will be informed of my house assignment  
between now and October 5<sup>th</sup>.***

**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 28<sup>th</sup> “Labor of Love” project on October 5, 2019 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 5th Day of October 2019

\_\_\_\_\_  
**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 5th.*