

CITY OF OTTAWA

301 West Madison Street
Ottawa, Illinois 61350



VOLUNTEER INFORMATION FORM - MUST BE AGE 18 OR OLDER

Please complete **both sides** of form and return to: North Central Illinois Council of Governments
613 West Marquette Street
Ottawa, IL 61350
815-433-5837

PLEASE PRINT CLEARLY:

NAME: _____
Last First Middle Initial

ADDRESS: _____
Street, City, Zip Code

PHONE: _____ County: _____

DATE OF BIRTH: _____
Mm/dd/yyyy

E-mail: _____


If applicable fill in the following information...

 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: _____

VOLUNTEERS MUST SIGN WAIVER OF LIABILITY ON BACK

**RELEASE OF LIABILITY FOR VOLUNTEERS
CITY OF OTTAWA**

I, the undersigned, am volunteering to assist the City of Ottawa and its residents to clean up and repair damage that was a result of the tornado on February 28, 2017. I agree and understand that I am donating my time and services to the City of Ottawa, and will at no time be considered an employee of the City of Ottawa or an independent contractor of the City of Ottawa.

Additionally, I assume full responsibility for my conduct and actions, including any injury or damage that may result while assisting as a volunteer for the City of Ottawa and its residents. Additionally, I hereby agree to indemnify, defend, and hold harmless the City of Ottawa, its officers, agents, and employees from any and all claims, actions, suits, or liability whatsoever arising out of volunteering to assist to the City of Ottawa and its residents.

Dated this _____ day of _____, 20_____.

Signature

Name of Participate (Print