

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 30th Labor of Love on Saturday, October 2, 2021 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 would like to make a donation to Labor of Love.

Amount: \$ _____ Other: _____

Labor of Love volunteers meet for breakfast 7 to 8 AM at Marquette Academy's School Cafeteria, 1110 LaSalle Street, Ottawa.

VOLUNTEERS MUST SIGN WAIVER OF LIABILITY ON BACK.

House Assignment: (for office use only) _____

WAIVER OF LIABILITY

Labor of Love Home Repair Project

To assure the health and safety of all homeowners, volunteers, partners, and communities; Labor of Love will follow all COVID-19 guidance in accordance with the Centers of Disease Control and Prevention (CDC), State and Local government, and Illinois and LaSalle County Health Departments.

In consideration of the opportunity afforded me to assist on a voluntary basis in United Way of Eastern LaSalle County Labor of Love Home Repair, a program in which the homes of low-income 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 or loss 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 _____ 2021

Name Printed

Signed