

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: _____ AGE: _____
(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 30th Labor of Love on October 2, 2021 from 7:00 A.M. to 5:00 P.M.

I will volunteer my time and skills.

SKILLS: _____

HOURS I CAN WORK: _____

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

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

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 my child to assist on a voluntary basis in the United Way of Eastern LaSalle County Labor of Love Home Repair, 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 Labor of Love, 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 or loss 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.

Date: _____

Student's Signature

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

Parent(s)' Signature(s)

