



2021 Shop With A Local Hero Christmas Application

PLEASE READ and retain this page for YOUR information

Thank you for applying for our “Grundy County Heroes & Helpers Shop with a Local Hero Event”. This event is a one day event reserved for Grundy County, Illinois children between the ages of 4 through 15 years old, whose families have suffered some kind of hardship, and in need of assistance this holiday season. In order for your child(ren) to participate in our event, the following are required: (Each application is reviewed and carefully considered for approval)

1. All applications and forms must be completed in their entirety and returned to Grundy County Heroes & Helpers Inc., P.O. Box 116, Minooka, IL 60447 by the deadline (NOVEMBER 21, 2021). Any applications received beyond the deadline and/or have missing/omitted information or forms will cause the application to be denied.
2. All applicant’s families must be experiencing loss, trauma, poverty, and/or hardships of some kind and provide a detailed account of said event to quality.
3. All participating children must be between the ages of 4 and 15 years of age and live in Grundy County, Illinois on a full-time basis.
4. All applications MUST include a working phone number that allows for you to be contacted about our event and on the date of the event, cell phone numbers are best.
5. All applications must include a Hero Shopping List, Hold Harmless Release and Media Consent form for each child listed in the application.
6. On the shopping day, a parent/legal guardian and the child(ren) **must** be present at all times during the event. **No purchases will be made for children not in attendance.** Arrive 10 minutes prior to the start of our event so your child does not miss their opportunity to participate. In the event, you cannot make it, you must contact us by calling 815-200-6957. Parents/Legal Guardians are responsible for all transportation to and from this event.
7. Once you arrive at the event please proceed to the check-in area, please look for our signs. Your child(ren) will be paired with a local hero from the local police, fire and/or EMT departments as well as a helper. Your child’s shopping experience will be followed by lunch with Santa & Heroes where they will also receive FREE toys. Details regarding the luncheon will be provided in the email or call with your approval of your child’s application. To receive the lunch and toys your child **must** be present.
8. Each selected child’s hero will be allowed to spend a specific amount of money for your child(ren) at the event and will no be allowed to go over this set amount. All merchandise purchased during our event cannot be returned, only exchanged for a different size. A list of the purchased items will be provide to the service desk and any item purchased that is retuned will be reported to our agency and your child may be ineligible to participate in future event.
9. All children selected to participate will be reviewed carefully for consideration. **All applications, liability release, hardship and photo release forms must be received no later than November 19, 2021 by 5PM.** Any Questions please send an email to info@gchhinc.org or call 815-200-6957.



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A separate application for each child should be completed and returned to the address below. DO NOT leave any spaces blank. ***Missing or omitted information will cause your application to be DENIED.*** A working telephone number must accompany this form. Eligible children are those between the ages of 4 thru 15 years. On the shopping day, your child must be present in order to shop. Your child must live in Grundy County.

Name of Responsible Parent/Guardian/Party: _____

***Responsible Person must be present during the entire event and able to provide transportation to and from all event locations*

Relationship to Child (Circle One) Parent Guardian Other: _____

Address: _____ Email: _____

City: _____ Zip Code: _____

Telephone Number: _____ Best time to call: _____

(You must provide a valid telephone number)

Child's Name: _____ Age: _____ Grade: _____ Male/Female: _____

Name of Child's School: _____

Sibling's Name: _____ Age: _____ Grade: _____ Male/Female: _____

Sibling's Name: _____ Age: _____ Grade: _____ Male/Female: _____

(MORE SIBLINGS CAN BE WRITTEN ON THE BACK OF THIS PAGE)

Total **Combined** Annual Household Income: (Check One)

_____ \$0 to \$20,000.00

_____ \$25,000.00 to \$49,000.00

_____ \$50,000.00 to \$75,000.00

Total Number of persons in household: _____

Have you recently been laid off? (Circle One) YES / NO If YES, When? _____

Have you applied for assistance from any other organization? (Circle One) YES / NO

If so, name of organization(s): _____

*****By completing and signing this application, you are giving your consent for your child(ren) to participate in this event, agree to abide by the rules provided for on the information page, give consent for Grundy County Heroes & Helpers Inc. to make any inquiries with other organizations regarding assistance you are receiving and understand you are responsible for providing any and all transportation for your child(ren) to and from this event.***

Signature: _____ Date: _____

Application, Liability Release, Nomination Form & Photo Release MUST be received no later than 5:00 p.m. Friday, November 12, 2021

All applicants which are accepted will be notified by Email no later than Sunday, November 28, 2021

Application, Liability Release, Nomination Form & Photo Release MUST be completed & mailed to:
 Grundy County Heroes & Helpers Inc.
 PO Box 116, Minooka, Illinois 60447

*****FOR OFFICE USE ONLY*****

Approved: Y / N Parent/Guardian Notified: Y / N

Date Notified: _____

Denied / Reason: _____



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THIS FORM MUST BE FILLED OUT FOR EACH CHILD

Hardship / Nomination Form

Our “Shop With A Local Hero Event” is geared towards Grundy County families who are facing loss, trauma, financial restraints, and hardships. Our community is filled with many children who feel the burden of their families every day, our mission is to help make the holidays a little brighter for those who need assistance. Help us learn about the hardships that your family and children are facing.

Each application is reviewed and carefully considered for approval.

Please provide the information below about the child who is being nominated:

Child’s Name: _____ Age: _____ Grade: _____ Male/Female: _____

Please describe in detail your family situation, including any hardships, trauma and needs, plus why you feel this child should be considered for this event:

To assist Heroes & Helpers if your child is chosen please provide the following information:



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Name of Responsible Parent/Guardian/Party: _____

Telephone Number: _____ Best time to call: _____

(You must provide a valid telephone number)

Child's Name: _____ Age: _____ Grade: _____ Male/Female: _____

Shoe Size _____
 (Infant – Youth – Adult)

Coat Size _____
 (Youth – Adult)

Shirt Size _____
 (Youth – Adult)

Jeans / Pant Size _____
 (Youth – Adult)

Leggings / Sweatpants Size _____
 (Youth – Adult)

Favorite Color _____

Favorite Character or Sports Team: _____

Please mark the items your child is in most need of:

Winter Coat	Y / N	Winter Boots	Y / N	Jeans / Dress Pants	Y / N
Winter Gloves	Y / N	Tennis Shoes	Y / N	Leggings / Stretch Pants	Y / N
Snow Pants	Y / N	Dress Shoes	Y / N	Sweatpants	Y / N
Winter Hat	Y / N	T-Shirts	Y / N	Sweatshirts	Y / N
Undergarments	Y / N	Polo or Button Down Shorts	Y / N	Socks / Pajamas	Y / N

Other: PLEASE LIST ADDITIONAL ITEMS YOUR CHILD MAY NEED BELOW:



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Hold Harmless & Release Agreement Form

I, _____, as parent/guardian/legally responsible person of the minor child, _____, do hereby agree to indemnify, defend, hold harmless, and release any and all parties including but not limited to Grundy County Heroes & Helpers Inc., Grundy County Sheriff's Department, Grundy County Sheriff's Police Foundation, Heroes and Helpers Committee members and Volunteers, Grundy County Law Enforcement Heroes and Volunteers, Fire Department and EMT Heroes and Volunteers, and any agents, officers, entities or other persons or agencies associated with Shop with a Local Hero Event of any damages, injuries, actions, suits, third-party claims, other claims or demands of any kind, including but not limited to losses, costs, fees, injuries, damages, expenses threatened, suffered, or incurred by me, on my behalf, or on behalf of the aforesaid minor, against Grundy County Heroes & Helpers Inc., Grundy County Sheriff's Department, Grundy County Sheriff's Police Foundation, Heroes and Helpers Committee members and Volunteers, Grundy County Law Enforcement Heroes and Volunteers, Fire Department and EMT Heroes and Volunteers, and any agents, officers, entities or other persons or agencies associated with Shop with a Local Hero Event, arising from, pertaining to, or resulting in the Shop With A Local Hero event. In addition, I agree to indemnify, defend, hold harmless, and release any and all parties from expenses (including but not limited to liability settlements, damage awards, court costs, fees, out-of-pocket expenses, attorney's fees incurred by to Grundy County Heroes & Helpers Inc., Grundy County Sheriff's Department, Grundy County Law Enforcement, Fire Department and EMT Heroes and Volunteers, any agents, officers, entities or other persons or agencies associated with Shop with a Local Hero). Further, I understand that participation in the above reference activity is voluntary and can and/or may result in bodily injuries or the like and such injuries are included in this agreement for indemnification and I agree to assume all responsibilities of any and all risk, injuries, and/or damages on behalf of myself and the aforesaid child in the above referenced activity.

Dated this _____ day or _____, 2021.

Print Name: _____

Signature: _____
(Parent or Legal Guardian)



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Shop with a Local Hero

PHOTO/MEDIA CONCENT FORM

I, the undersigned, do hereby agree and grant Grundy County Heroes & Helpers Inc. (hereafter GCHH), or it's authorized representatives, contractors and licensees, the right to make visual and audio recordings, still images, and/or to otherwise capture material of me and/or the minor child in my care and control at the time the material is collected and said material will become the property of GCHH and not be returned.

Further, I agree the GCHH and its assigns and licensees have the right to reproduce, prepare derivative works of, distribute or display, sell and use these materials in whole or in part, for their business purposes, in any manner or media (whether now existing or created in the future), in perpetuity, including but not be limited to, audiovisual programs; web sites; publications; product artwork; and project publicity.

I waive the right to inspect or approve any use of the material and any right to financial compensation, royalties or other compensation arising or related to the use of the material. I agree to indemnify, hold harmless, and release and forever discharge GCHH from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons active on my behalf or on behalf of my estate have or may have to reason of this authorization.

Finally, I state that I am 18 years of age or older, competent to contract in my own name, and I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

Date: _____

Child's Initials: _____

Parent/Guardian/Authorized Person's Signature: _____

Parent/Guardian/Authorized Person's PRINTED Signature: _____