

REQUIRED FOR ALL VOLUNTEERS

Project Transformation Volunteer Health Statement & Waiver

Project Transformation, as a national network, is taking a number of safety-related steps to help prevent the spread of COVID-19 to help safeguard our employees, volunteers, and community members. Volunteers are required to submit this form prior to beginning your volunteer shift.

____ I have NOT traveled to a region or country listed as an “Alert Level 2” or greater, by the Centers for Disease Control and Prevention (CDC) with respect to COVID-19 (currently China, Japan, South Korea, Italy and Iran); this includes other areas such as Seattle, San Francisco, New York, or Canada within the last 14 days.

___ I have NOT had close contact with, cared for, or live in the same household as someone diagnosed with COVID-19 within the last 14 days.

___ I do NOT have pending COVID-19 test results. I have NOT been diagnosed as having COVID-19, nor I have been asked to self-quarantine for COVID-19.

___ I am NOT currently experiencing a fever of 100.4°F or higher with a cough and/or shortness of breath.

___ I understand that Project Transformation cannot guarantee that I will not contract COVID-19 while volunteering. I understand that my service presents a risk of COVID-19 contraction, and I am knowingly assuming the risk that I may contract COVID-19 as part of my volunteer service.

___ I understand that if I feel uncomfortable at any point during my shift, I am welcome to leave.

___ I understand it is my responsibility to follow Project Transformation’s guidelines (based on CDC recommendations) to practice social distancing while volunteering.

___ I understand that if at any time I do not follow the recommendations mentioned above, I may be asked to leave by Project Transformation staff.

___ I agree that Project Transformation shall not be liable to me if I am exposed to or contract COVID-19 during volunteer activities. I hereby waive and release Project Transformation for any claim I may have at any time related to exposure to or contraction of COVID-19.

Volunteer First & Last Name (PLEASE PRINT)

Volunteer Signature

Date

Primary Phone #

Email Address