

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 am between the ages of 18 and 64.

_____ I am NOT at higher risk of getting very sick from COVID-19. (This includes, but is not limited to, people with serious chronic medical conditions including heart disease, diabetes, and lung disease.)

_____ I have NOT been in an airport or on a cruise ship in the last 14 days.

_____ I have NOT traveled to a country outside of the United States listed as an [“Alert Level 2” or greater](#) by the Centers for Disease Control and Prevention (CDC) with respect to COVID-19 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) including wearing a mask, practicing social distancing, and washing or sanitizing my hands often 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.

_____ If I learn that I had COVID-19 while I was volunteering, I will report my illness to the Project Transformation volunteer manager. (This helps us track possible exposure to PT staff, community members, and other volunteers.)

Volunteer First & Last Name (PLEASE PRINT)

Volunteer Signature

Date

Primary Phone #

Email Address