

St. Francis House Volunteer Waiver

I acknowledge that I have elected to participate in an activity that includes some risk of injury to me. I hereby release St. Francis House, its employees, and the host site from any injury or damage I may suffer as a result of my voluntary participation in this activity. I hereby hold harmless St. Francis House, its employees, and the host site from any and all liability as a result of any injury or damage, of whatever nature, I may suffer as a result of my voluntary participation in this activity.

By signing up for and/or attending a volunteer project, you are indicating you are not experiencing symptoms of illness (i.e. shortness of breath, fever or cough) or have been knowingly exposed to anyone who has been diagnosed with COVID-19. You will also alert us if you have been diagnosed with COVID-19 after volunteering.

If you feel any symptoms of COVID-19, please do not attend any of our volunteer projects, instead seek medical advice promptly by calling ahead to a doctor's office or emergency room prior to a medical evaluation.

If you begin to feel any symptoms of illness while volunteering, let a St. Francis House staff member know and immediately leave the volunteer project. Please seek medical advice promptly by calling ahead to a doctor's office or emergency room prior to a medical evaluation.

At St. Francis House, there is no higher priority than the safety of our volunteers and the people we serve. We strive to maintain clean facilities and follow best practices for food safety. We are taking extra precautions, including increased cleaning of surfaces throughout the day and emphasizing frequent handwashing, use of hand sanitizer and changing of gloves. Volunteer shifts are capped to promote social distancing and to limit the numbers of people in buildings. These terms may change at any time; your participation indicates agreement to our most recent policies and procedures.

If you answer YES to any of the following questions, please do not sign up for and/or attend a volunteer project:

Are you feeling ill today with any of the following symptoms? Yes _____ No _____

- Fever
- Cough
- Shortness of breath

Is someone you have been in close contact with sick or showing any of the below symptoms? Yes _____ No _____

- Fever
- Cough
- Shortness of breath

Volunteer Name

Print & Sign:

Print Name

Sign Name

Date: _____

Volunteer

Contact Information: Phone: _____

Email: _____

If volunteer is under age 18

Parent or Guardian

Print & Sign:

Print Name

Sign Name

Date: _____

_____ Please keep me informed of future St. Francis House opportunities and email newsletters.