



**WATER STREET
MISSION**

Restored to be restorers

Adult Volunteer Waiver + COVID-19 Guidelines

Volunteer Name (Print)

Date of Birth

Name of Group (if applicable)

General Volunteer Guidelines and Policies

- 1. I have reviewed and I understand the contents of the Volunteer Handbook provided to me. I agree to comply with the policies therein.** I understand that if my actions are contrary to the policies and volunteer expectations of WSM, I may be subject to possible dismissal from volunteer duties.
- 2. I have read and understand the Purpose Statement and Statement of Faith of WSM.** I agree that while volunteering at WSM, I will operate in a manner that does not work against their purpose statement and Statement of Faith. I also agree to not proselytize while at WSM if I have spiritual beliefs that differ from their Statement of Faith.
- 3. I agree to honor and respect the Guests of Water Street Mission by protecting their confidential information.** I understand that any and all information concerning or identifying a Donor, Guest, or Former Guest is confidential and is not disclosed.
- 4. I confirm that I have never been convicted of the following charges:**
 - Reckless endangerment
 - Assault of any form
 - Theft or robbery
 - Solicitation of minors to traffic drugs
 - Indecent exposure
 - Conspiracy
 - Crimes against the US Government
 - Unlawful restraint
 - Corruption of minors
 - Sexual abuse, exploitation, or rape
 - Prostitution and related offenses
 - Possession or distribution of child pornography
- 5. I confirm that I am not currently – and have never been – on the Megan’s Law Sex Offender Registry.**
- 6. I hereby give my full consent and permission to Water Street Mission (WSM) to obtain information relating to my criminal history and any other applicable records.** I understand that this information will be used in part to determine my eligibility for a volunteer position within this organization. I also understand that as long as I remain in such capacity here, the above mentioned record checks may be repeated at any time. I understand that I can request to view the results of these checks. I, the undersigned, do hereby remise, release, and forever discharge and agree to indemnify Water Street Mission, each of their officers, directors, employees, volunteers and agents, and references and other persons who furnish information about my record and character and hold them harmless from and against any and all causes and actions, including but not limited to: suits, liabilities, costs, debts, and sums of money, claims, and demands whatsoever and any and all related attorney’s fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to serve.
- 7. I agree that if I am arrested or convicted of an offense that would constitute grounds for denial of volunteer work, or named as a perpetrator in a founded or indicated report of abuse I will notify WSM in writing within 72 hours.**
- 8. I release WSM from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s work with WSM.** I understand that this Release discharges WSM from any liability or claim that the Volunteer may have against WSM with respect to any bodily injury, illness, death, or property damage that may result from Volunteer’s work with WSM, whether caused by the negligence of WSM or its employees, agents or otherwise.
- 9. I understand that WSM does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.**

COVID-19 Guidelines & Volunteer Assumption of Risk

If you are not able to commit to the guidelines below, we respectfully ask that you refrain from coming to campus until COVID restrictions are lifted.

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults and people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19.

By coming onto the Water Street Mission Campus, I am affirming that ...

1. ...I fully understand and appreciate that by coming to Water Street Mission to volunteer, I am entering a facility that is considered high risk for contacting COVID-19.
2. ...I understand that if I have one of the following conditions, that the CDC has stated I am considered at higher risk for contracting COVID-19:
 - Greater than 70 years of age
 - Living in nursing home or long term care facility
 - Chronic lung disease
 - Serious heart conditions
 - Immunocompromised
 - Diabetes
 - High blood pressure
 - Liver disease
 - Kidney disease
3. ...I am assuming the risk of bodily injury, illness, death, medical treatment, and property damage resulting from my volunteer activities.
4. ...I have not experienced **any** of the following symptoms in the last 14 days:
 - Fever (greater than 100 degrees F)
 - New Cough
 - Difficulty Breathing
 - Headache
 - Diarrhea
 - Loss of Taste or Smell
 - Chills
 - Repeated Shaking with Chills
 - Sore Throat
5. ...I have not been – to my knowledge – in contact with a known COVID-19 patient or person awaiting results.
6. ...I am following recommended guidelines as thoroughly as possible – practicing social distancing by trying to maintain 6ft separation from others and otherwise limiting my exposure to the coronavirus.

COVID-19 Guidelines for Volunteers

I understand that I must...

1. ...wear a face mask (covering mouth and nose) at all times while on WSM property. Bandanas and scarves are not WSM-approved face masks.
2. ...report directly to their designated temperature/health screening station upon arrival to campus. I must have my temperature taken (even if my temperature was taken prior to coming to campus), and I must answer a series of health-related questions prior to my volunteer shift.
3. ...must follow all COVID-19 protocols as presented by my shift supervisor.

Volunteers who fail to observe these guidelines will be asked to leave campus immediately, and may lose their eligibility to volunteer in the future.

Volunteer Signature: _____

Today's Date: _____