

(COVID-19 Waiver of Liability for Providing Volunteer Services)

I, _____, wishing to volunteer my time and services for Virginia Garcia Memorial Health Center (VGMHC) hereby acknowledge that said organization is doing everything they can to protect the public as well myself as a volunteer. To this extent, I agree to follow Center of Disease Control (CDC) and local health district guidelines and VGMHC policies and procedures for social distancing to reduce the spread of Novel Coronavirus, or COVID-19. This will require me to maintain six (6) feet of distance between myself, fellow volunteers, and patients/visitors of the organization as much as possible. This procedure will be required for visitor-to-visitor contact as well to limit exposure.

I agree to utilize surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to myself and others. I agree to wash or sanitize my hands after using the restroom, sneezing, and coughing, and before eating or preparing meals or sundries for distribution, and will properly wear and utilize sterile gloves.

I understand that I may be informed of or encounter sensitive Personal Health Information (PHI) for those that VGMHC serves. I agree to hold this information in confidence and will not disseminate any PHI except as allowed by law and/or per the policy and procedures of said organization which I am volunteering for.

I understand that there is no direct medical health coverage afforded to me during my relationship with VGMHC. VGMHC is not responsible for any potential exposure to Novel Coronavirus, or COVID-19, which is not a direct result of negligence on the part of their employees, volunteers, or the organization. Unless specifically stated in writing, I understand that there is no Oregon State Labor and Industries employment security insurance provided to me.

By signing below, I agree to comply with the written instructions above. Failure to comply with these written instructions or verbal instructions from staff may result in my volunteer privileges being removed and I may be asked to leave the premises.

Printed Name (If for a minor, the parent or guardian printed name)

Signature (If for a minor, the parent or guardian signature)

Date