



Date:

I, _____, wishing to volunteer my time and services for Island Volunteer Caregivers (IVC), hereby acknowledge that said organization is doing everything they can to protect the public as well as me as a volunteer. I agree to follow Center for Disease Control (CDC) and Washington state guidelines and Island Volunteer Caregivers 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 me, fellow volunteers, and care receivers as much as possible. This procedure will be required for care receiver-to-care receiver contact as well to limit exposure. Volunteers transporting care receivers will be asked to sanitize high touch areas of their vehicle and place the care receiver in the back passenger side seat whenever possible.

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 food or groceries for distribution, and will properly wear and utilize gloves when appropriate.

I understand that I may be informed of or encounter sensitive Personal Health Information (PHI) for those that IVC 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 Island Volunteer Caregivers.

I understand that there is no direct medical health coverage afforded to me during my relationship with IVC. IVC is not responsible for any potential exposure to Novel Coronavirus, or COVID-19. I also understand that while the Governor's directive to "Stay Home and Stay Healthy" is still in effect for vulnerable populations, including those over 65 or people with underlying health conditions, I am assuming the risk to myself if I fall into that category.

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.

Printed Name

Signature

Director or Designated Alternative Name and Title

Authorized Signature

Date

[Type here]