

City Harvest

Volunteer Policies and Procedures During COVID-19 Outbreak

This VOLUNTEER RELEASE AND WAIVER FORM is between City Harvest, as defined herein and Volunteer (hereinafter, "I"), and is subject to the following terms:

- By signing up for and/or attending a volunteer project, you are indicating that you have not answered "yes" to any questions on the attached City Harvest COVID-19 Health Screening Questionnaire.
- You will alert City Harvest Volunteer Services if you have been diagnosed with COVID-19 within 48 hours of volunteering.
- If you begin to feel any symptoms of COVID-19 while at a volunteer project let a City Harvest staff person 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.
- City Harvest requires that all volunteers **are fully vaccinated against the COVID-19 virus** in order to volunteer. You can update your vaccination status upon registration for a volunteer event. Fully vaccinated means that volunteers must be at least two weeks past either their second Pfizer/Moderna/AstraZeneca or first Johnson & Johnson/Janssen shot.
- All volunteers and staff must wear a face covering while at volunteer project to prevent the spread of COVID-19 and protect our volunteers, clients, and staff. All volunteers should provide their own face mask; City Harvest will have face masks on-site if a volunteer forgets theirs. A face mask is a well-secured cloth covering or disposable mask that fits snugly against the sides of your face and fully covers both your nose and mouth.
- City Harvest staff and volunteer leaders will impose social distancing of 6 feet at all volunteer projects.
- City Harvest staff are conducting regular disinfecting wipe downs of frequently-used areas of our warehouse and high-touch supplies used at volunteer projects.
- City Harvest staff will enforce proper hand hygiene, respiratory hygiene and face covering use at all of our volunteer projects.
 - Volunteers and staff should cover coughs and sneezes with tissues or the bend of the elbow and dispose of soiled tissues immediately after use.
- City Harvest will provide access to sinks and soap and/or alcohol-based sanitizer, and to gloves at all volunteer projects.
 - Volunteers and staff should wash hands with soap and water or hand sanitizer regularly and in the following circumstances: before and after eating, after sneezing, coughing, or nose blowing, after using the restroom, before handling food, after touching or cleaning surfaces that may be contaminated, after using share equipment and supplies like electronics (ex: cell phones).
- These terms may change at any time; your participation indicates agreement to our most recent policies and procedures.
- By registering for and/or attending any City Harvest volunteer project, you indicate agreement with the above terms for yourself and/or any volunteers under the age of 18 who you are the parent or legal guardian of.

City Harvest

COVID-19 Health Screening Questionnaire

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

1. According to the U.S. Centers for Disease Control and Prevention & the World Health Organization, COVID-19 Symptoms include: *Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.* Have you, or are you, experiencing any of the COVID-19 related symptoms noted above within the past 10 days?
 - Yes
 - No
2. In the past 10 days, have you traveled somewhere that requires you to quarantine upon return to New York State?
 - Yes
 - No
3. Have you been exposed to a suspected or confirmed case of COVID - 19?
 - Yes
 - No
4. In the past 10 days, have you tested positive for COVID-19?
 - Yes
 - No
5. Are you currently waiting on the results of a COVID-19 test?
 - Yes
 - No

By signing below, I signify that I have read and understood the foregoing **VOLUNTEER POLICIES AND PROCEDURES AND COVID-19 HEALTH SCREENING QUESTIONNAIRE**. I willingly and voluntarily agree to all of the terms contained herein and I understand that I am giving up certain legal rights.

Name of Volunteer: _____

Signature of Volunteer: _____

Date: _____

Date of Birth if under eighteen (18) years of age: _____

If the person listed above is less than eighteen (18) years of age: I represent and warrant that I am the parent or legal guardian of the minor whose name appears above. I acknowledge that I have read the **VOLUNTEER POLICIES AND PROCEDURES AND COVID-19 HEALTH SCREENING QUESTIONNAIRE** and consent to the conditions contained therein. I understand the risks involved in the event and give permission for to my child's/ward's participation.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____