

**COVID-19 VOLUNTEER AGREEMENT**

We are committed to the highest standards of safety during your volunteer shift, including physical distancing, sanitizing and cleanliness, and mask wearing. Given the outbreak and continued spread of COVID-19 in our service area, please read this COVID-19 Volunteer Agreement carefully. Your signature and acceptance of this Agreement is required before you will be permitted to volunteer with the GPFB.

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Individuals who fall within any of the categories below will not be permitted to volunteer with GPFB at this time. Your signature and acceptance of this agreement constitutes your acknowledgment that you do not fall in any of the following categories.

* You, or someone in your household, have **tested positive** for COVID-19 in the past 14 days.
* You, or someone in your household, have a **pending COVID-19 test**.
* You, or someone in your household, have been a “**close contact**” (in the last 14 days) to a COVID-19 positive individual.
* You have **experienced any COVID-19 related symptoms** in the past 14 days. (Fever, cough, loss of taste/smell, difficulty breathing, or nausea/vomiting)
* You have **travelled internationally** at any point in the past 14 days.

1. The CDC has stated that older adults as well as individuals who have a severe underlying health condition (such as heart disease, lung disease or diabetes) are at a higher risk of developing a serious COVID-19 illness. Your signature and acceptance of this Agreement signals that you are in good physical health and have no health condition that prevents you from safely volunteering with GPFB.
2. I agree to notify Great Plains Food Bank staff IMMEDIATELY if:

* I, or anyone in my household, tests positive for COVID-19 (in the next 4 days).
* I learn that I have been in “close contact” with a positive COVID-19 case (in the next 4 days).
* I start to feel COVID-19 related symptoms in the next 4 days.

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Signature Date