



Caregiver Volunteers of
Central Jersey

I, _____, wish to volunteer my time and services for Caregiver Volunteers of Central Jersey and hereby acknowledge that said organization is doing everything they can to protect the public as well as myself as a volunteer. To this extent, I agree to follow Center of Disease Control (CDC) and local health district guidelines and Caregiver Volunteers of Central Jersey's 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 receivers 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 face 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/or performing any services for Caregiver Volunteers.

I understand that I may be informed of or encounter sensitive Personal Health Information (PHI) for those that Caregiver Volunteers of Central Jersey 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 Caregiver Volunteers of Central Jersey. Caregiver Volunteers of Central Jersey 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 New Jersey 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 discontinue volunteering.

I acknowledge that CVCJ, nor any of its agents or representatives, have made any representations concerning the terms of this consent and waiver other than those contained herein. I, the volunteer, represent that I have fully read this document, fully understand the terms and conditions and sign this document knowingly and voluntarily.

Volunteer Signature

Megan O'Keefe, Executive Director

Volunteer Printed Name

Colleen Sweeney, Volunteer Manager

Date

Date