



Caregiver Volunteers of
Central Jersey

Caregiver Volunteers of Central Jersey
201 Hooper Ave, 1st Floor, North Ste
Toms River, NJ 08753

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. I understand that there is no direct medical health coverage afforded to me during my relationship with Caregiver Volunteers of Central Jersey (CVCJ). CVCJ is not responsible for any potential exposure to any communicable illness, 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.

I understand that I may be informed of or encounter sensitive Personal Health Information (PHI) for those that CVCJ 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.

COVID-19 Policy:

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 COVID-19.

- I agree to contact the CVCJ office if I have tested positive for COVID-19 and have been in contact with other volunteers or receivers.
- I agree to contact the CVCJ office if I am experiencing symptoms and have been scheduled to provide a service that day.
- I agree to follow CDC guidelines of isolation and quarantine if I have been exposed to COVID-19.
- I agree to practice sanitary hygiene when performing services for CVCJ.

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 discontinuing of 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 Printed Name

Megan O'Keefe, Executive Director

Volunteer Signature

Danielle Maley, Program Manager

Date