

## **UPDATED**

### **Capital Area Food Bank COVID-19 Volunteer Vaccination Acknowledgement and Waiver**

Thank you for your interest in volunteering with the Capital Area Food Bank (“the CAFB”). Given the outbreak and continued spread of coronavirus disease 2019 (“COVID-19”) in the D.C. metropolitan area, please read this COVID-19 Volunteer Acknowledgement and Waiver (the “Waiver”) carefully. Your signature and acceptance of this Waiver (and your parent or guardian’s signature if you are under 18 years of age) is required before you will be permitted to volunteer with the CAFB.

1. In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below are not permitted to volunteer with the CAFB at this time. Your signature and acceptance of this Waiver constitutes your acknowledgement that you do not fall into any of the following categories: a. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath;

b. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or

c. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19, or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities.

2. The U.S. Center for Disease Control (“CDC”) has stated that COVID-19 spreads mainly between people who are in close contact with one another and through respiratory droplets produced when an infected person coughs or sneezes and, therefore, the CDC has recommended that people practice “social distancing” by remaining at least six (6) feet from other people during the COVID-19 outbreak. The CDC has further stated that older people, as well as people of all ages who have a severe underlying health condition (such as, for example, heart disease, lung disease, asthma, HIV, or diabetes) appear to be at a higher risk of developing a serious COVID-19 illness. Your signature and acceptance of this Waiver constitutes your acknowledgment that you are in good physical health and have no physical condition which prevents you from safely volunteering with the CAFB.

3. Because the CDC has stated that a fever is one of the three most common symptoms of COVID-19, the CAFB may, in its sole discretion, conduct temperature checks of the individuals who provide services to the CAFB, including its volunteers, in an effort to identify individuals who may be infected with COVID-19. Individuals who have body temperatures at or above 99 degrees Fahrenheit will be asked by the CAFB to leave and not return until they have been COVID-19 symptom-free for at least fourteen (14) days. Your signature and acceptance of this Waiver constitutes your consent to the CAFB’s temperature check policy, which may be amended from time to time, in its sole discretion.

4. You acknowledge that your participation as a CAFB volunteer is entirely voluntarily. Given the ongoing concerns about the COVID-19 outbreak, the risk of contracting COVID-19 or incurring other injury or illness (which could be serious or disabling) is always present and cannot be entirely eliminated. Further, while providing volunteer services to the CAFB, you may not be able to practice “social distancing” and may be in close proximity with individuals who could potentially be infected with COVID-19. **WITH KNOWLEDGE OF THESE RISKS, YOU AGREE TO ACCEPT ANY AND ALL RISKS OF PERSONAL INJURY OR ILLNESS OR DEATH, INCLUDING RELATED TO COVID-19 CONTRACTED DURING THE TIME THAT YOU ARE VOLUNTEERING WITH THE CAFB.** You further understand that your health and safety is your responsibility and that you are free at any time to

refuse, and should refuse, to do anything for the CAFB that you are not comfortable with or that may pose a hazard to the health or safety of you or anyone else. In consideration of the opportunity afforded you to volunteer with the CAFB, you, on behalf of yourself and, to the extent permitted law, on behalf of your spouse, heirs, executors, administrators, assigns, and other persons or entities acting or purporting to act on your behalf, hereby generally and completely release, acquit, and forever discharge the CAFB and its current and former directors, officers, employees, agents, successors, affiliates, assigns, sponsors, donors, volunteers and representatives (collectively, the “Released Parties”) of and from any and all claims, liabilities, and obligations, both known and unknown, that arise out of or are in any way related to your volunteering with the CAFB. This Waiver supersedes and replaces any prior or contemporaneous discussions and agreements, whether written or oral, between the Parties with respect to the subject of this Waiver.

Please answer the following question. **If you do not answer or answer ‘no’ you will not be permitted to volunteer with the food bank.**

|            |           |  |
|------------|-----------|--|
| <b>YES</b> | <b>NO</b> | Are you currently fully vaccinated against COVID-19? People are considered fully vaccinated 2 weeks after their second dose in a 2-dose series, such as Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine. |
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Please answer the following questions. **If you answer ‘yes’ or do not answer any of the following questions, you will not be permitted to volunteer with the food bank.**

|            |           |  |
|------------|-----------|--|
| <b>YES</b> | <b>NO</b> | In the past 14 days, have you had any signs or symptoms of COVID-19, including a cough, shortness of breath, or difficulty breathing, muscle pain, sore throat, headache, chills, repeated shaking and chills, new loss of taste or sense of smell, or a temperature of 99 or greater? |
| <b>YES</b> | <b>NO</b> | In the past 14 days, have you received a positive COVID-19 test or has a health care provider diagnosed you with COVID-19, informed you that your likely have COVID-19, or otherwise instructed you to isolate or self-quarantine?   |
| <b>YES</b> | <b>NO</b> | In the last 14 days, have you been in contact with any person who (1) has been diagnosed with COVID-19 or (2) is suffering from any of the symptoms listed in the first questions above?   |

Please self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, if you experience symptoms of COVID-19 within 14 days after volunteering with us, please notify Mary Beth Healy at 202-644-9847.

I have read this COVID-19 Volunteer Acknowledgement and Waiver, understand that I am giving up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature.

|                        |  |
|------------------------|--|
| Name of Volunteer      | Name of Parent or Guardian (if Volunteer is under 18)      |
| Signature of Volunteer | Signature of Parent or Guardian (if Volunteer is under 18) |
| Date: _____            | Date: _____  |