



### **COVID-19 Acknowledgement Form**

I, the volunteer, acknowledge and understand that participation in Habitat for Humanity of Greater New Haven volunteer activities may involve certain risks. These risks include, but are not limited to, exposure and/or infection with COVID-19 and/or other viruses and/or bacterial infection even in ideal conditions, and despite any and all reasonable efforts made to mitigate such risks. I further acknowledge and agree that, due to the nature of the activities, social distancing of six feet per person will not always be possible and that my participation in the activities may result in an elevated risk of contracting COVID-19 and/or other viruses and/or bacterial infection.

I, the volunteer, further confirm that I will follow all health and safety guidelines put in place by Habitat for Humanity of Greater New Haven, including but not limited to wearing a facemask when it is not possible to be six feet from others. I will not participate in volunteer activities if experiencing any signs and symptoms of COVID-19, including shortness of breath, coughing, fever or chills, fatigue, muscle or body aches, new loss of taste or smell, sore throat, congestion or runny nose, or gastrointestinal distress. Additionally, if I am waiting for the results of a COVID-19 test I will not participate in volunteer activities. If I test positive for COVID-19 within fourteen days of volunteering with Habitat for Humanity of Greater New Haven I will contact the Director of Volunteer Engagement so that anyone I interacted with can be alerted to their possible exposure.

#### **Signature of Volunteer 18 Years or Older**

Volunteer Name (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Signature for Volunteer Under 18 Years Old**

Name of Volunteer: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_