



COVID-19 Volunteer Acknowledgement and Waiver

Volunteers must abide by and acknowledge the following:

1. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact.
2. Volunteer must receive specialized COVID-19 training prior to volunteering.
3. If Volunteer is feeling ill or exhibiting signs of COVID-19 (temperature above 100.4, new onset of cough, sore throat, shortness of breath), Volunteer may not present for their shift.
4. Volunteers must self-screen prior to their shift. If the Volunteer's temperature is above 100.4 degrees or they exhibit other COVID-19 symptoms, he or she will not be permitted to volunteer. **Volunteer must report to the front entrance of Ruby and complete the screening questions upon arriving to the hospital.**
5. If Volunteer tests positive for COVID-19, the Volunteer must quarantine self for 14-days.
6. Volunteer must always wear a hospital-issued facemask covering the nose and mouth while on duty. Volunteer must wear goggles when entering patient rooms.
7. Volunteer must use hand sanitizer and wash hands periodically throughout shift and before & after any patient contact.
8. Volunteer must maintain social distancing to the extent possible by the Volunteer's assignment.
9. Volunteer will not enter the following areas:
 - a. Rule-out COVID-19 rooms
 - b. Any room designated for COVID-19 patients
10. Volunteer must sanitize all workspaces and equipment after use.
11. Volunteer understands the risks associated with community spread of the COVID-19 virus as well as the risks of volunteering in a healthcare setting.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 in the community or in the course of volunteering at a West Virginia University Health System facility. I understand that such exposure or infection may result in personal injury, illness, permanent disability, and death to me or people who come in contact with me. On behalf of myself, my heirs, executors, administrators, and assigns, I hereby release, covenant not to sue, discharge, and hold harmless West Virginia University Health System, any subsidiary or affiliated company (collectively, "WVUHS"), and their respective directors, officers, agents, successors, and assigns, of and from all claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of WVUHS, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any volunteer activity.

Please sign below to acknowledge all the above.

Volunteer Name (Print)

Volunteer's Signature

Date

Witness's Signature

Date