

## **Volunteer Agreement**

I, \_\_\_\_\_ (*Print Name*) wish to volunteer with The Board of Trustees of University of Alabama for the University of Alabama Hospital and UAB Medicine (collectively, "UAB") point of dispensing site, which will administer approved COVID-19 vaccines to the general public in the State of Alabama (the "POD Site").

By signing below, I agree to the following:

- I am not entitled to and will not receive any compensation, salary, benefits, or other forms of payment for my volunteer activities.
- I will hold in strict confidence all information and material that I receive (orally or in writing) as part of my volunteer activities, including patient and health information (the "Confidential Information"). I will not use, share or distribute the Confidential Information except to perform my volunteer activities. Upon completion of my volunteer activities, I will return all Confidential Information to UAB. I will not use any Confidential Information for personal purposes or personal financial gain.
- I will abide by all directions and instructions from UAB and/or its designee with respect to my volunteer activities and the operation of the POD Site.
- If I am volunteering as a licensed health care professional, I have an unrestricted license or certification in good standing in the State of Alabama to provide the professional services I am performing as a volunteer.
- I understand that the POD Site will offer COVID-19 vaccines to the general public and I assume a risk that I might be exposed to COVID-19.
- I understand that I am not to report to my designated COVID-19 vaccine location to volunteer if I have symptoms of COVID-19 or have been exposed to COVID-19. According to the Centers for Disease Control and Prevention, people with COVID-19 have had a wide range of symptoms reported such as fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea.
- I understand that I am not to report to my designated COVID-19 vaccine location to volunteer if I have symptoms of tuberculosis (TB) or have been exposed to TB. According to the Centers for Disease Control and Prevention, people with TB have the following symptoms: a bad cough that lasts three weeks or longer, pain in chest, and/or coughing up blood or sputum.
- I understand that I am not to report to my designated COVID-19 vaccine location to volunteer if I have symptoms of influenza (flu) or been exposed to the flu. According to the Centers for Disease Control and Prevention, people with the flu have the following symptoms: fever or feeling feverish/chills, cough, runny or stuffy nose, muscle or body aches, headaches, fatigue, and some people may have diarrhea or vomiting.
- I release, discharge and relieve UAB and its employees, agents and affiliates from any and all claims whatsoever of any nature arising as a result of my volunteer activities.
- I have read and understand this Volunteer Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date