



303.237.7704  
theActionCenter.org

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## Volunteer COVID Policy and Liability Release

The Action Center is committed to maintaining a safe and healthy environment for volunteers. Accordingly, The Action Center is implementing this COVID-19 Prevention and Vaccination Policy, effective October 1, 2021. **All volunteers must self-certify that they have been fully vaccinated against COVID-19 or have commenced the process.** All volunteers will be required to share their vaccination status as well as date of vaccination. There are no exemptions. If you choose not to meet the requirements, please take a leave of absence, and we will let you know when our policy changes.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_

I certify that I am fully vaccinated against COVID-19: Yes ☐

Date of my COVID-19 vaccination: \_\_\_\_\_ (sole vaccination date for Johnson and Johnson, second or final vaccination date for the Moderna or Pfizer vaccine).

If you are a current volunteer who is coming on a regular basis, you may certify that you are in the process of getting becoming fully vaccinated. Please provide the date of your first vaccination: \_\_\_\_\_

I will practice transmission minimization efforts including:

- Wear facemask at all times until The Action Center determines it is no longer required.
- Practice social distancing between volunteers, staff and participants - 6' recommended.

I certify: I will not volunteer if I am showing signs of the virus (have a fever, coughing, or having difficulty breathing) I will not volunteer if I am waiting for test results, have tested positive, or if have been in direct contact with someone who is showing symptoms or otherwise meets these criteria.

### Risk acknowledgement and Release of Liability

I acknowledge the risks of being exposed to COVID-19 while volunteering at The Action Center, which include serious illness or death. I am choosing of my own free will to volunteer at The Action Center. I hereby release and forever discharge The Action Center, its representatives, officers, agents, and employees of and from all actions, claims or demands for injuries, damages or loss resulting from my volunteering at The Action Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent or Guardian signature if under 18 years old

\_\_\_\_\_  
Parent or Guardian Printed Name