

# **Volunteer Application During COVID-19**

## PLEASE PRINT ALL INFORMATION CLEARLY

Name:	Preferred Pronouns:	Date
Mailing Address:	City, Zip:	
Home Phone:	Email Address:	
Cell Phone:	Birthdate (mm/dd/yyyy):	
Any health concerns that the Food Shelf sho	ould be aware of:	
Emergency Contact (Name, Relation to you	and Phone Number):	
Are you 16 years of age or older? (We are not ac	ccepting volunteers under 16 during Covid-	-19) Yes □ No □
Do you need community service hours?	If so, why?	
Please be aware that according to food shelf policy we are u	unable to assist with community service hours related	to theft or violence.
Confidentiality Agreement		
We ask that our volunteers keep all information confidentiality of client information? Yes	,	ke on this responsibility of
Our Policy It is the policy of this organization to provide eq gender, sexual preference, age, or disability.	ual opportunities without regard to race, o	color, religion, national origin,
Photo Release I give permission to the White Bear Area Food S on file for future publications. I hereby agree to a purposes.		
Statement of Understanding		
I verify that the information on this application is disqualification from working as a White Bear Are Shelf's mission of <i>providing food and support to</i> Bear Area. I also agree that my email may be us	ea Food Shelf Volunteer. I agree to suppor our neighbors in need, in partnership with a	rt the White Bear Area Food the communities of the White
Signature:	Date:	

Please see reverse for additional Volunteer Agreement and Requirements During COVID-19



# **Volunteer Requirements & Agreement - During COVID-19**

# **Volunteer Requirements During COVID-10**

During the COVID-19 pandemic, we are committed to providing a safe volunteer experience. In order to do this, we are requiring the following items:

#### Who can volunteer?

- Volunteers who are 16 years of age or older
- Volunteers who have not experienced any symptoms of COVID-19 currently or in the past 14 days. Please
  visit the CDC website for more information <a href="https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html">https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html</a>
- Volunteers who don't have an underlying medical condition that would put them in additional danger of
  contracting COVID-19. Please visit the CDC website for more information <a href="https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html">https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html</a>. We also recommend that
  volunteers 65 years of age and older review the CDC information to assess risk before committing to a
  volunteer shift.
- Volunteers who have not been exposed to anyone with COVID-19 symptoms, a positive COVID-19 test, or Influenza A or B within the last 14 days
- Volunteers who have not traveled outside of the United States during the last 14 days

### The following precautions will be taken during the volunteer shift:

- Volunteers will follow social distancing guidelines and keep a minimum of 6 feet of distance between themselves and others
- Volunteers will wash their hands upon arriving at the Food Shelf or offsite volunteer shift and practice good handwashing practices throughout their shift. Gloves are not required but may be worn as long as they stay clean and sanitized (gloves can be provided).
- Volunteers will wear a mask during the volunteer shift (a mask can be provided if needed)
- Volunteers may store items in the break room and keep the maximum number of three people in the room at one time

I agree to the requirements and safety precautions listed above:

Volunteer Name:		
Volunteer Signature:	Date:	

\*\*\*Please bring this signed application and agreement to your first volunteer shift\*\*\*

Thank you for your commitment to our community through

a healthy and safe volunteer experience!