

Bethlehem Emergency Sheltering
Assumption of Risk and Waiver of Liability Agreement
Relating to Coronavirus / COVID 19

1. Bethlehem Emergency Sheltering (BES) has put in place preventive measures to reduce the spread of coronavirus within the shelter. However, BES cannot guarantee that you may not become infected while volunteering on the shelter premises.
2. Notwithstanding the risks associated with coronavirus, which I readily acknowledge, I hereby willingly volunteer to participate in serving the needs of our homeless population.
3. I acknowledge and fully assume the risk of potential illness arising from my being on the premises and participating in this service.
4. It is my express intent that this waiver and hold harmless agreement shall also bind any assigns and representatives, and shall be deemed as a Release, Waiver, Discharge, and Covenant not to sue the above named releasees.

In signing this agreement, I acknowledge that I have read the foregoing, understand it, and sign it voluntarily. I am at least 18 years of age, and fully competent.

Signature _____ Date _____

Print Name _____

Address _____

Email address _____ Phone # _____

VOLUNTEER INFORMATION

The information on this form will be kept confidential. It will be used only in the management of BES and its programs.

| | | | |
|--------------------|--|--------------------|-------------|
| Name: | | | |
| Street: | | | |
| City: | | State: | Zip: |
| Home Phone: | | Cell Phone: | |
| Email | | | |

| | | | | | | | |
|---------------------------|--|--------------|--|-----------------|--|--------------------|--|
| Emergency Contact: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name:</td> <td></td> </tr> <tr> <td>Address:</td> <td></td> </tr> <tr> <td>Phone/Cell:</td> <td></td> </tr> </table> | Name: | | Address: | | Phone/Cell: | |
| Name: | | | | | | | |
| Address: | | | | | | | |
| Phone/Cell: | | | | | | | |

Please read the following carefully before signing this agreement:

I agree to provide information throughout the volunteer process, including on this volunteer information form, that is true, correct, and complete, to the best of my knowledge. I will answer all questions to the best of my ability. I have not, and will not, withhold any information that may unfavorably affect my volunteer eligibility with BES, Inc. I understand that information on this form may be verified by BES. I understand that misrepresentations or omissions may be cause for my denial, or loss, of volunteer privileges.

| Volunteer's Signature | Date |
|-----------------------|------|
| X | |
| Printed Name: | |

I am the parent or guardian of the volunteer, who is younger than 18 years of age. I, as parent or guardian, have read and understand the terms of this agreement.

| Printed Name of Volunteer Younger Than 18 | |
|--|------|
| | |
| Signature of Parent or Guardian of Volunteer younger than 18 | Date |
| X | |
| Printed Name: | |

VOLUNTEER AGREEMENT

I understand that this is an agreement for, and not a commitment or promise of, a volunteer opportunity with BES.

I agree to serve as a volunteer with Bethlehem Emergency Sheltering, Inc. (BES). I agree to fulfill my volunteer responsibilities as outlined by the program director or my immediate supervisor to the best of my ability. I agree to abide by all BES policies and procedures, as conveyed to me by BES staff.

I have reviewed the BES orientation training that is found on the BES website.

YES NO

I understand that in the course of my volunteer work I may learn the identity of and other information concerning guests of BES. *I agree not to disclose their names or any other information concerning clients of BES, to anyone except to persons who have a legitimate, program related, need to know.*

I agree to provide considerate and respectful care for any guest of BES, without prejudice or discrimination of any kind. I agree to provide services in a non-judgmental manner, without regard to sex, sexual orientation, gender identity or expression, race, religion, physical capabilities, mental capacity, color, age, political opinion or income.

I recognize that, as a volunteer of BES, my role is to provide services that are in the best interest of the guest(s). If a situation should arise that might cause a conflict of interest, I agree to inform my supervisor immediately.

I agree not to hold BES, its officers, staff, volunteers, or guests liable for any injury or illness in the unlikely event that this may result from my volunteer service to program guests.

I understand that my volunteer work is solely at the discretion of BES, which reserves the right to end my status as a volunteer at any time.

I am at least 18 years of age and understand the terms of this agreement.

| Volunteer's Signature | Date |
|-----------------------|------|
| X | |
| Printed Name: | |

I am the parent or guardian of the volunteer, who is younger than 18 years of age. I, as parent or guardian, have read and understand the terms of this agreement.

| Printed Name of Volunteer Younger Than 18 | |
|--|------|
| | |
| Signature of Parent or Guardian of Volunteer younger than 18 | Date |
| X | |
| Printed Name: | |

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS

I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I have not been convicted of any crime or offense similar to the following:

| | | | |
|---|----------------------|--|------------------|
| • criminal homicide | • aggravated assault | • stalking | • kidnapping |
| • unlawful restraint | • rape | • incest | • sexual assault |
| • indecent assault | • indecent exposure | • corruption of minors | |
| • involuntary deviate sexual intercourse | | • aggravated indecent assault | |
| • endangering welfare of children | | • dealing in infant children | |
| • concealing death of a child | | • statutory sexual assault | |
| • prostitution and related offenses | | • obscene and other sexual material performances | |
| • sexual abuse of children or an equivalent crime under Federal law of the law of another state | | | |

I have not been convicted of a felony offense relating to the controlled substance, drug device and cosmetic act committed within the past five years.

I understand that I will not be approved for volunteer service if I am named as a perpetrator of a founded report of child abuse within the past 5 years or have been convicted of any of the crimes or similar offenses to those listed above.

I understand that if I am arrested for or convicted of any of the above listed offenses that would constitute grounds for denying volunteer participation, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the Executive Director of BES or any Board Member of BES has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the Executive Director or any Board Member of BES shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of investigation, as appropriate. The cost of clearances shall be borne by BES.

I understand that if I willfully fail to disclose information requested above, I commit a misdemeanor of the third degree and may be subject to denial of volunteer service with BES.

I hereby affirm that the information as set forth above is true and correct.

| Volunteer's Signature | Date |
|-----------------------|------|
| X | |
| Printed Name: | |

I am the parent or guardian of the volunteer, who is younger than 18 years of age. I, as parent or guardian, have read and understand the terms of this agreement.

| Printed Name of Volunteer Younger Than 18 | |
|--|------|
| | |
| Signature of Parent or Guardian of Volunteer younger than 18 | Date |
| X | |
| Printed Name: | |

PERMISSION TO USE PHOTOGRAPHS AND/OR AUDIOVISUAL

I give permission to Bethlehem Emergency Sheltering Inc to use, reproduce, and/or publish photographs and/or video that contains my image, name, likeness and/or voice. I understand that this material may be used in various publications, press releases, fundraising materials, televised broadcasts, on the webpage, Facebook and/or other electronic and social media. It may also be used in publications, both written and online, of Bethlehem Emergency Sheltering Inc.'s partners/donors with Bethlehem Emergency Sheltering Inc.'s express permission.

This authorization is continuous and may only be withdrawn by my express withdrawal of my permission. Consequently, Bethlehem Emergency Sheltering Inc and others designated by Bethlehem Emergency Sheltering Inc may publish materials, use my name, photograph and/or make reference to me in any manner that Bethlehem Emergency Sheltering Inc, employees or third party deem appropriate in order to promote/publicize its mission or for any other lawful purpose.

I understand and agree that my photograph/audio-visual will become the property of Bethlehem Emergency Sheltering Inc and will not be returned to me.

I hereby release and hold harmless Bethlehem Emergency Sheltering Inc from any reasonable expectation of privacy or confidentiality associated with the images noted above. I hereby release Bethlehem Emergency Sheltering Inc, its employees and any third parties involved in the creation and publication of marketing materials and other publications from liability for any claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other third parties acting on my behalf or on behalf of my estate, have or may have by reason of this authorization.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs/audio-visuals or participation in marketing materials or other Bethlehem Emergency Sheltering Inc.'s publications, whether written or electronic.

I am at least 18 years of age and am competent to contract in my own name. I have read, or had this release read to me, and I understand its contents.

| Volunteer's Signature | Date |
|-----------------------|------|
| X | |
| Printed Name: | |

I am the parent or guardian of the volunteer, who is younger than 18 years of age. I, as parent or guardian, have read and understand the terms of this agreement.

| Printed Name of Volunteer Younger Than 18 | |
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