

☐ Volunteering with company/organization

Name of Group: _____

☐ Volunteering as an individual

2 City Center
11820 Fountain Way, Suite 206
Newport News, VA 23606
757-873-9328 www.uwvp.org



United Way of the Virginia Peninsula's Day of Caring 2020 Volunteer Waiver & Photo Consent Form

DATE: _____ TOTAL VOLUNTEER HOURS: _____

NAME OF ORGANIZATION HOSTING VOLUNTEERS: _____

LOCATION ADDRESS: _____

VOLUNTEER INFORMATION Please print clearly

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other _____ ☐ Suffix (Jr., Sr.) _____

FULL NAME: _____

PREFERRED PHONE NUMBER: _____ ☐ CELL PHONE ☐ HOME ☐ WORK

PREFERRED EMAIL: _____ ☐ PERSONAL ☐ WORK

PLACE OF EMPLOYMENT OR VOLUNTEER GROUP: _____

Some volunteer positions require lifting up to 50 lbs. Do you have any conditions that would restrict your ability to lift or carry up to 50 lbs? Please Select one: YES NO ☐

EMERGENCY CONTACT _____ PHONE _____

RELATION TO VOLUNTEER _____

VOLUNTEER WAIVER OF LIABILITY AND PHOTO CONSENT

I understand that as part of my participation as a volunteer during United Way of the Virginia Peninsula's (UWVP) Day of Caring I may have access to personal information regarding UWVP, the organization listed above, and/or the organizations clients and I understand that this information is confidential and no such information obtained from my participation including addresses, names, contact information, or other confidential information, will be disclosed by me to any outside party or agency either in a written or verbal form.

☐ **RELEASE OF LIABILITY**

I hereby release, indemnify and hold harmless UWVP, its officers, directors and employees, the participating organizations, the coordinating agencies, the organizers, sponsors, anyone acting on its behalf and supervision from any and all claims of liability in connection with any injury, death or property damage of any kind or nature whatsoever I may sustain, including any injury caused by negligence, in conjunction with any volunteer efforts in which I participate. I will abide by all safety instructions and information provided to me during any and all volunteer efforts. Further, I expressly agree that this release, waiver, and indemnity agreement extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, and binds, myself, my heirs, executors, administrators or anyone else who might claim on my behalf. I have carefully read to the foregoing release and indemnification, and understand the contents thereof, and sign this release as my own free act.

☐ **PHOTO RELEASE**

I hereby grant permission to UWVP and participating organization listed above, to use my photograph, video, recordings or statements taken during volunteering on its World Wide Web site, social media sites, in other marketing materials, or in other public publications without further consideration or providing compensation to me, and I acknowledge UWVP's or organization listed above, has the right to crop or treat the photograph at its discretion. I also acknowledge that UWVP and organizations listed above may choose to use my photo at its own discretion, and to authorize any newspaper, company or other organization to use, publish, republish or exhibit said photograph with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of UWVP and any of its activities without compensation to me.



Signature: _____ Date: _____

PARENTAL CONSENT/RELEASE – If the individual is under 18 years of age, a parent or legal guardian must sign the following. Volunteer forms for minors will be accepted only with parent/guardian signature.

I hereby consent and agree, as a parent or legal guardian of to all the terms and provisions above.



Parent/Guardian Signature: _____ Date: _____

Name (please print): _____ Relationship to minor: _____

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United Way of the Virginia Peninsula's Day of Caring 2020 Volunteer COVID-19 Liability Release Waiver

Due to the outbreak of Coronavirus (COVID-19), United Way of the Virginia Peninsula (UWVP) and participating Day of Caring organizations, are doing everything we can to protect volunteers, agency staff and clients, and our community. To this extent, UWVP and participating Day of Caring organizations will be required to comply with the following guidelines with regard to social distancing practices and sanitation at the time of the Day of Caring Project. UWVP will require all organizations to agree to the following terms to help minimize the risk in order to participating in Day of Caring 2020.

Day of Caring Organization's Staff and Volunteers are asked to stay home if showing COVID-19 Symptoms or cannot affirm the below statements. COVID-19 Symptoms include: Fever, Fatigue, Dry Cough, and Difficulty Breathing.

As a Volunteer participating in UWVP's Day of Caring, I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members or other close contacts, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members or other close contacts, have not been diagnosed with COVID-19 within the past 14 days.
- I affirm that I, as well as all household members or other close contacts, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 14 days.
- I affirm that I, as well as all household members or other close contacts, have not traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 14-days.
- I understand that United Way of the Virginia Peninsula (UWVP) and Day of Caring Agencies cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each volunteer.

All Day of Caring Organizations are required to follow the below Health and Safety Guidelines:

- I understand that United Way of the Virginia Peninsula (UWVP) requires all guidelines set by the Center of Disease Control (CDC) at the time of the Day of Caring Project must be followed with regard to social distancing practices and sanitation.
 - The safety and health of each volunteer must be taken into consideration and extra measure taken to ensure safety.
 - Face masks and social distancing must be maintained in accordance with the Commonwealth of the Virginia Guidelines
 - Extra safety measures, like extra space between volunteers, may be required to ensure safety if face coverings are not able to be worn by volunteers due to weather (extreme heat) or volunteer's individual health risks.
- Organizations will receive a volunteer waiver that must be completed by every volunteer prior to working. Waivers should be maintained by volunteer organization for 5 years. UWVP will not require a copy.
- PPE (Personal Protection Equipment) such as masks, must be provided to volunteers or communicated that they must bring their own to participate.
- UWVP asks that all projects be limited to the number of volunteers that the agency can safely congregate with CDC Guidelines in mind. You can post multiple projects on multiple days to make it easier.
- Organizations will be responsible for providing water and snacks to volunteers.
- Organizations will be responsible for communicating with the volunteers with the specific details and plan to ensure safety.

ASSUMPTION OF RISKS. I understand that while the UWVP Day of Caring Agency has undertaken reasonable steps to lessen the risk of transmission of COVID-19 in connection with Day of Caring, UWVP and or the Day of Caring Agency is not responsible in any manner for any risks related to COVID-19 in connection with Day of Caring. I am fully aware that participation in Day of Caring (including any related travel) carries with it certain inherent risks related to COVID-19 transmission ("Inherent Risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof. I hereby voluntarily accept and assume all risk of loss, personal injury, sickness, death, damage, and expense arising from such Inherent Risks. This COVID-19 Assumption of Risk, Release, and Waiver of Liability Agreement ("Agreement") shall be binding on my heirs, executors, administrators, successors, and assigns.

I have read and understood this Agreement and enter into it voluntarily in consideration of the opportunity to participate in Day of Caring. I acknowledge I am giving up legal rights and/or remedies which may be available to me.



Full Name (please print): _____ Date: _____

Signature: _____

PARENTAL CONSENT/RELEASE – If the individual is under 18 years of age, a parent or legal guardian must sign below. Forms for minors will not be accepted without parent/guardian signature.

I hereby consent and agree, as a parent or legal guardian of the minor listed above, to all the terms and provisions listed on this form.



Parent/Guardian Signature: _____ Date: _____

Name (please print): _____ Relationship to minor: _____