

United Way of the Virginia Peninsula 2020 Day of Caring Agency Health & Safety Form

Name of Organizations:	
Organization Address:	
Full Name (please print):	Job Title:
participating in UWVP's 2020 Day of Caring to agree to t	Way of the Virginia Peninsula (UWVP) is requiring all organizations the following to ensure the safety of volunteers, agency staff, agency and returned to UWVP before July 31, 2020. Completed forms can be ofcaring@uwvp.org.
Day of Caring Organization's Staff and participating Volu affirm the below statements. COVID-19 Symptoms inclu	inteers are asked to stay home if showing COVID-19 Symptoms or canno de: Fever, Fatigue, Dry Cough, and Difficulty Breathing.
 the symptoms listed above within the last 14 days. I affirm that representatives of my organization have no past 14 days. 	e to the following: esentatives of my organization do not currently have, nor have experience of been diagnosed with COVID-19 within the past 14 days. of knowingly been exposed to anyone diagnosed with COVID-19 within the of traveled outside of the country or to any city considered to be a "hot specific traveled outside of the country or to any city considered to be a "hot specific traveled outside of the country or to any city considered to be a "hot specific traveled outside of the country or to any city considered to be a "hot specific traveled outside of the country or to any city considered to be a "hot specific traveled outside of the country or to any city considered to be a "hot specific traveled outside of the country or to any city considered to be a "hot specific traveled outside of the country or to any city considered to be a "hot specific traveled outside of the country or to any city considered to be a "hot specific traveled outside of the country or to any city considered to be a "hot specific traveled outside of the country or to any city considered to be a "hot specific traveled outside of the country or to any city considered to be a "hot specific traveled outside of the country or to any city considered to be a "hot specific traveled outside outs
social distancing practices and sanitation. The safety and health of each volunteer mustor in the safety and social distancing must be not extra safety measures, like extra space between able to be worn by volunteers due to weather organizations will receive a Volunteer Waiver and Photocompleted by every volunteer prior to working. PPE (Personal Protection Equipment) must be provided participate. UWVP is asking that all projects be limited to the number Guidelines in mind. To ensure smaller groups, organizations will be responsible for providing water as organizations will be responsible for communicating water as organizations will be responsible for communicating water as organizations.	oc) at the time of the Day of Caring Project must be followed with regard of the taken into consideration and extra measure taken to ensure safety. In an accordance with the Commonwealth of the Virginia Guidelin ween volunteers, may be required to ensure safety if face coverings are not extreme heat) or volunteer's individual health risks. To Consent form along with a COVID-19 Liability Release Form that must exist the volunteers or communicated that they must bring their own to over of volunteers that the organization can safely congregate with CDC exations are permitted to post multiple projects on multiple days.
I have read and understood this Agreement and enter in Caring. I acknowledge I am giving up legal rights and/or	to it voluntarily in consideration of the opportunity to participate in Day of remedies which may be available to me.
Signature:	Nate: