

**COVID-19 Waiver**

**Date:** \_\_\_\_**/**\_\_\_\_**/**\_\_\_\_ **Time- In:** \_\_\_\_\_\_\_\_AM/PM **Time-Out** \_\_\_\_\_\_\_\_\_AM/PM

**Individual Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[Insert Organization Name] is committed to the safety of our staff, volunteers and clients.

The seriousness of the COVID-19 epidemic is prompting us to take immediate steps that

balance the needs of our mission while ensuring everyone’s safety to the best of our

ability at the Food Bank.

By signing below, you are affirming that you are NOT experiencing symptoms of illness right now, including fever,nor have you been in contact with anyone showing symptoms of illness. You affirm to abide by the CDC COVID-19 guidelines and our guidelines for volunteers.

Please sign your name.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_