



## **Volunteer Agreement, Assumption of Risk, & Waiver of Liability**

The following information is updated and effective January 10, 2022. Angels Helping Angels, Inc continues to follow CDC and Maryland Department of Health guidelines as we do our best to protect the health and safety of all staff, volunteers, and visitors. We thank you for your understanding and cooperation. Regardless of vaccination status, all staff, volunteers, and visitors are required to wear face coverings while indoors at the AHA pantry or sponsored events (indoors).

Staff and volunteers who are vaccinated and working outdoors (ex: a Mobile Food Pantry site) do not need to wear a face covering. In addition, volunteers and staff should always adhere to social distancing practices. This includes:

- Try to maintain six (6) feet of physical distance between you and another person, whenever possible.
- Yield to others, when possible, in close spaces (hallways, aisles), shared areas, and spacing where social distancing is difficult to maintain.

In addition to acknowledging the protocols listed above:

- I attest that I will **NOT** work a volunteer shift when experiencing any symptoms of illness such as a fever, cough, shortness of breath, chills, muscle aches, and a loss of taste or smell that cannot be attributed to another health condition or specific activity.

If I develop these symptoms, I agree that I will cancel my shift before arriving at the Food Pantry, as far in advance as possible.

- I attest that: I will not work a volunteer shift within 14 days after exposure to a person with a confirmed or suspected case of COVID-19. I will not work a volunteer shift if I am diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities. I am following recommended public guidelines as much as possible to limit my exposure to COVID-19.



### **Assumption of Risk and Waiver of Liability**

I acknowledge that I have voluntarily applied to the Angels Helping Angels, Inc a Food Pantry's volunteer program.

I understand that the scope of my volunteer relationship with the Angels Helping Angels, Inc Food Pantry is limited to a volunteer position and that no compensation is expected in return for services provided by me; that the Angels Helping Angels, Inc Food Pantry will not provide any benefits traditionally associated with employment; and that I am responsible for my own insurance coverage in the event of illness or personal injury as a result of my services to the Angels Helping Angels, Inc Food Pantry.

I understand that my volunteer activities with Angels Helping Angels, Inc Food Pantry may include activities that could be hazardous to me, including but not limited to packing, loading, unloading, and carrying heavy items, transportation to and from delivery sites, and exposure to people with infectious diseases. I fully understand and appreciate the risks that are inherent to my volunteer activities.

I hereby assume the risk of bodily injury, illness, death, medical treatment, and property damage resulting from my volunteer activities, even if resulting from the negligence of Angels Helping Angels, Inc Food Pantry or its officers, directors, employees, or agents.

I hereby release, discharge, and agree to indemnify and hold the Angels Helping Angels, Inc Food Pantry harmless from, and waive on behalf of myself, my heirs and personal representatives, and any minors I am responsible for who volunteer with me, any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the Angels Helping Angels, Inc Food Pantry, or that may otherwise arise in any way in connection with any voluntary activities with, or for the Angels Helping Angels, Inc Food Pantry.

I understand that this release discharges the Angels Helping Angels, Inc Food Pantry from any liability or claim that I or my heirs, personal representatives, or minors I am responsible for may have against Angels Helping Angels, Inc Food Pantry with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from or in connection with my volunteer activities.

This liability waiver and release extends to the Angels Helping Angels, Inc Food Pantry together with all its officers, directors, affiliates, employees, and agents. I agree that this release will be governed by Maryland law and that the exclusive venue for any dispute arising from this release will be a court of competent authority sitting in Baltimore, Maryland.

Volunteer Signature

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Date

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