

Volunteer Service agreement during COVID-19 and waiver of liability



Children's Hospital
New Orleans
LCMC Health

I understand the potential risk involved in volunteering at Children's Hospital during the COVID-19 (Coronavirus) pandemic. I understand that I am at greater risk if I am over 60 years old and/or have a pre-existing medical condition. I acknowledge and agree that Children's Hospital is not responsible for my potential exposure to COVID-19, or my contraction of COVID-19, while serving as a volunteer.

I have been instructed about the additional safety guidelines (temperature check, social distancing, masking, and hand sanitizing) that have been put into place at Children's Hospital and will practice these at all times and in all places during my volunteer shift.

I will only come to volunteer if I am feeling 100% well.

I will advise the volunteer office by phone if I experience any symptoms of illness such as fever, cough, shortness of breath, or loss of taste/smell or if I have been diagnosed with COVID-19.

I will advise the volunteer office by phone if I am exposed to any individual who has a confirmed or suspected case of COVID-19 or who has exhibited symptoms of illness.

In the case of a potential or known exposure, or a positive test for COVID-19, I will self-quarantine at home per the current Centers for Disease Control guidelines and will not be able to volunteer. I will contact Employee Health for a release to return to service.

I will notify the volunteer office if I intend to travel internationally.

I am following recommended guidelines as much as possible even when not at Children's Hospital.

I have been given the opportunity to ask questions and have those questions answered to my satisfaction.

Please print and sign your name below agreeing to the above statements.

Volunteer's name	
Volunteer's signature	Date
Volunteer parent/guardian's Name (print)	
Volunteer parent/guardian's signature	Date