



REQUIRED

Catholic Charities COVID-19 Volunteer Agreement

Assumption of Risk

The novel coronavirus, COVID-19, has been declared a worldwide pandemic and is contagious. As a result, in order to Volunteer at a Catholic Charities Program Site or Event, the Catholic Diocese, Diocese of Arlington has established essential health and safety measures. Catholic Charities has put in place reasonable preventative measures and standards of behavior, consistent with guidelines issued by the Centers for Disease Control and Prevention ("CDC") and state and local public health guidance, to reduce the spread of COVID-19. Even with implementation of health and safety protocols, however, the Diocese and Catholic Charities cannot guarantee that you will not become infected with COVID-19, and participation in on site volunteer activities could increase your risk of contracting COVID-19. Any interaction with others includes possible exposure to, and illness from, communicable diseases including COVID-19 and influenza.

I understand that I have choices for serving with Catholic Charities, Diocese of Arlington, whether in person or in another manner. By agreeing to in-person volunteer activities, I give my informed consent for myself to participate and assume responsibility for the above-noted risks.

I willingly agree I will comply with the health and safety protocols established by the Catholic Charities Ministries and will take all reasonable and necessary additional precautions to protect against communicable diseases while on the premises where I volunteer, not only for my own benefit but for the benefit of others with whom I may come into contact.

Responsibility for Health Screening and Quarantine

I agree that prior to my arrival for a volunteer shift, or other occasion, at any Catholic Charities, Diocese of Arlington ministry site to adhere to the following:

- Perform a personal health self-screening for symptoms of COVID-19
- Follow the CDC's guidance for isolation and quarantine, as appropriate, should I either be exposed to COVID-19, present with symptoms of COVID-19, or test positive for COVID-19, regardless of vaccination status. Information is available at www.cdc.gov.
- Inform my ministry Program Director, and/or Volunteer Coordinator, as soon as possible, but no later than 1 business day, after learning of my suspected or confirmed positive case of COVID-19.

I understand that I may return to in-person volunteer activities only after consultation with ministry staff, and agree to abide by masking requirements, per site recommendations. Return to site approval will be based on confirmation that the CDC's criteria to discontinue home isolation or quarantine has been met.

Authorization and Informed Consent

I hereby authorize the Catholic Charities, Diocese of Arlington to enforce such other reasonable measures and directives as may be deemed necessary by the Bishop of the Diocese of Arlington.

By signing below, I understand and agree to the foregoing terms and conditions.

Signature: _____ Date: _____