

Volunteer Agreements & Waivers

This document has been updated to reflect the current COVID-19 emergency. It includes four sections that apply to all volunteers and one section that applies only to volunteers under the age of 18. Please read carefully.

1. COVID-19 Agreement

I agree that I **WILL NOT** volunteer if any of the following circumstances apply to me.

1. I have had any symptoms of illness, including but not limited to fever and dry cough, in the last 72 hours.
2. I have been in contact with someone who has been sick in the last 14 days.

I agree that I **SHOULD NOT** volunteer if I or someone in my immediate household is at higher risk of getting very sick from COVID-19. This includes but is not limited to the following circumstances.

1. People over the age of 60.
2. People who have a serious chronic medical condition such as heart disease, diabetes, and lung disease.

I agree to promptly **NOTIFY** the Maryland Food Bank if any the following occur:

1. I discover that, prior to my volunteer shift, I was exposed to someone who tested positive for COVID-19.
2. I develop symptoms of illness within 14 days of volunteering.

2. Waiver and Release of Liability

I hereby acknowledge my receipt of permission to volunteer with the Maryland Food Bank (primary address is 2200 Halethorpe Farms Road, Baltimore, MD 21227) or its partners. I also acknowledge my understanding that my service as a volunteer with the Maryland Food Bank or its partners may expose me to various risks of injury and/or illness, **including COVID-19**. I do hereby agree and understand that I assume these risks and I agree not to hold the Maryland Food Bank, its partners, farms, agents, employees, or volunteers liable for any such injury and/or illness. I understand that this Waiver and Release of Liability extends to and applies to any personal injuries, injurious results, damages or losses I may experience or sustain while engaged in training for volunteer service or while engaged in serving as a volunteer for the Maryland Food Bank or its partners. I covenant not to file suit or initiate any claim procedure with respect to any personal injuries, property damages or losses I may experience or sustain arising directly or indirectly out of my activities.

3. Health Policy Agreement

I understand that I must: (1) Report when I have, or I have been exposed to, any of the symptoms or illnesses listed below; and (2) comply with restrictions and/or exclusions that are given to me. I understand that if I do not comply, I may not be able to return as a volunteer to the Maryland Food Bank or its partners.

Reporting: Symptoms of Illness I agree to report to MFB when I have:

1. **Fever**
2. **Dry cough**
3. Diarrhea
4. Vomiting
5. Jaundice (yellowing of the skin and/or eyes)
6. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

Reporting: Diagnosed Illnesses I agree to report the MFB when I have:

1. **Coronavirus**
2. Norovirus
3. Salmonella Typhi (typhoid fever)
4. Shigella spp. infection
5. E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)
6. Hepatitis A

Reporting: Exposure of Illness I agree to report to MFB when I have been exposed to any of the illnesses listed above through:

1. An outbreak of **Coronavirus**, Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.
2. A household member with **Coronavirus**, Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.
3. A household member attending or working in a setting with an outbreak of **Coronavirus**, Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, or Hepatitis A.

Exclusion or Restriction from Volunteering

If you have any of the symptoms or illnesses listed above, you will be excluded or restricted from volunteer work. If you are excluded, you will not be able to volunteer at the Maryland Food Bank or its partners. If you are restricted, you may be able to volunteer to the Maryland Food Bank or its partners, but your duties may be limited.

Returning to Volunteering

If you are excluded from volunteering for having diarrhea and/or vomiting, you will not be able to return to the food bank until more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting. If you are excluded from volunteering for exhibiting symptoms of a sore throat with fever or for having jaundice, **Coronavirus**, Norovirus, typhoid fever, Shigella spp. Infection, E. coli infection, and/or Hepatitis A, you will not be able to return until the Health Department or a health practitioner approval is granted.

4. Media Waiver

I consent to the release of photograph(s), video footage, audio clip(s) or written material(s) of me and/or my children to inform people about the programs and services of the Maryland Food Bank. I understand that the photograph(s), audio clip(s), video footage, or written material(s) may be used on television or in newspapers, press releases, print publications, outdoor applications, social media, or online communications about the work of the Maryland Food Bank. My consent to the release of my photograph(s), video footage, or audio clip(s), or written material(s) is unconditional.

5. Parent/Guardian Waivers & Agreements

This section applies when the volunteer is under the age of 18.

The undersigned parent/guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event and has agreed individually and on behalf of the child or ward, to the terms of the 1) COVID-19 Agreement, 2) Waiver and Release of Liability, 3) Health Policy Agreement, 4) Media Waiver set forth above. The undersigned parent/guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parent/guardian.

Print Name of Volunteer

Print Name of Parent/Guardian (if applicable)

Signature of Volunteer (or Parent/Guardian if applicable)

Today's Date