



COVID-19 Volunteer Acknowledgement and Liability Waiver (2022-2023)

I, _____, wishing to volunteer my time and services with **Pomona Hope** in the **After-School with Pomona Hope program**, hereby acknowledge that said organization is doing everything they can to protect me, the students, staff, and the general public working in or visiting the premises. To this extent, I agree to follow the Center for Disease Control (CDC), local health district guidelines, and Pomona Hope policies and procedures to the best of my ability.

COVID-19 SAFETY INFORMATION:

The novel coronavirus ("COVID-19"), has been declared a worldwide pandemic by the World Health Organization.

While participating in events held by Pomona Hope, "social distancing" must be practiced to reduce the spread of Novel Coronavirus or COVID-19. This will require me to maintain six (6) feet of distance between myself, fellow volunteers, and patrons of the organization as much as possible. This procedure will be required for visitor-to-visitor contact as well to limit exposure. Surgical face masks (*preferably N95 or N94*) **must be** worn at all times **while being indoors on the premises** to reduce the risks of exposure to COVID-19. Because COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact, Pomona Hope has put in place preventative measures to reduce the spread of COVID-19. However, Pomona Hope cannot guarantee that its students, volunteers, interns, staff, or others in attendance will not become infected with COVID-19.

While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. Pomona Hope cannot completely mitigate the transfer of communicable diseases like COVID-19, especially when involved in the **After-School with Pomona Hope program**. Participating as a volunteer or intern in the program includes possible exposure to illness, injury, or death from infectious diseases including COVID-19.

Considering the ongoing spread of COVID-19, individuals who fall within any of the categories below **should not** participate in the **After-School with Pomona Hope program** until fully recovered. By participating as a volunteer or intern, you certify that you do not fall into any of the following categories:

- Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others.
- Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or

- Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

DUTY TO SELF-MONITOR:

- Volunteers and interns agree to self-monitor for signs and symptoms of COVID-19 (fever, cough, sore throat, shortness of breath, and/or loss of taste and smell) or any other symptoms within 14 days after participating or volunteering in the After-School with Pomona Hope program and notify the Outreach Director, Nora Codina at nora@pomonahope.org.
- Volunteers and interns agree to notify the Outreach Director, Nora Codina at nora@pomonahope.org if they have traveled to a high-risk area for COVID-19 or had contact with a person with diagnosed or suspected COVID-19 so that all individuals in contact with them at Pomona Hope can be notified of possible exposure. Individuals will not volunteer or intern for at least 3-4 days after symptoms have subsided and/or follow the CDC guidelines for self-isolation before returning to their volunteer or internship duties.
- Volunteers and interns agree to have their temperature checked upon arrival at the premises (if required).
- Volunteers and interns agree to utilize surgical masks upon arrival at the premises. The mask should fit firmly over the nose and mouth (*preferably N95-N94*) and it should be worn **indoors at all times** to reduce the risk of exposure to COVID-19 to themselves and others. At the moment, a mask is not required outdoors. However, keep in mind that this could change at any time.
- Volunteers and interns agree to wash or sanitize their hands after using the restroom, sneezing, coughing or any time needed.
- Volunteers and interns agree to use hand sanitizer throughout the day while working with the students in the After-School with Pomona Hope program.

RELEASE AND WAIVER:

In consideration of the opportunity to volunteer my time and services with the After-School with Pomona hope program and any related transportation to and from Pomona Hope events, I voluntarily agree to waive and discharge any and all claims against Pomona Hope and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of Pomona Hope or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge, and hold harmless Pomona Hope, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my participation in the After-School with Pomona Hope program.

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to volunteer or intern at the After-School with Pomona Hope program, I freely and voluntarily assume all risks of such hazards and notwithstanding such, release Pomona Hope from all liability for any loss regardless of cause, and claims arising from the student's participation with the After-School with Pomona Hope program.

ASSUMPTION OF THE RISK: I acknowledge and understand the following:

1. Participation includes possible exposure to an illness from infectious diseases including but not limited to COVID-19. While adhering to rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; and
3. I hereby knowingly assume the risk of injury, harm, and loss associated with the Activity, including any injury, harm, and loss caused by the negligence, fault, or conduct of any kind on the part of the Released Parties.

VOLUNTEER/INTERN WAIVER - I accept and agree to the terms stated above and register to volunteer or intern with Pomona Hope.

* By signing below, I agree to comply with the written instructions above. Failure to comply with these written instructions or verbal instructions from staff may result in my volunteer or internship privileges being removed and I may be asked to leave the premises.

Signature: _____

Date: _____

Parent or Legal Guardian (under 18 years of age only)

Signature: _____

Date: _____