
**COLUMBUS HOUSE
VOLUNTEER APPLICATION FORM**

COLUMBUS HOUSE
CONFIDENTIAL VOLUNTEER INFORMATION

Name: _____

Address: _____ City/Town/Zip Code _____

Employer: _____ Occupation: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Emergency Contact Information: _____

Group Affiliation: _____

OPTIONAL

Other Volunteer Affiliation(s): _____

Civic/Religious/Fraternal Affiliation (if volunteering with a religious org.): _____

How did you learn about Columbus House? _____

I hereby grant permission to Columbus House to use my photo, voice, and or words in media for the purpose of advertising and/or communicating the Columbus House mission.
Yes _____ No _____

By signing below, I hereby agree that this application does not constitute an employment relationship with Columbus House, Inc. and that I am serving as a volunteer and, as such, will receive no compensation. Additionally, that the relationship between Columbus House and its volunteers is an "at will" arrangement; thus, this application may be denied, or the relationship terminated, at any time for any reason. I also agree that I have received a copy and will abide by the Volunteer Guidelines and that all client information will be kept in the strictest confidence.

Signature: _____ Date: _____

Privacy Statement:

We recognize the importance of your privacy. Therefore, Columbus House agrees to keep all information provided in the strictest confidence. Columbus House will not sell, rent or exchange your personal information with any other person, party or organization without your express, written permission. Thank you.

Revised 8/4/2021



Columbus House COVID-19 Volunteer Acknowledgement Form

COVID-19 SAFETY INFORMATION:

Thank you for your commitment to our clients and for your willingness to volunteer during these unprecedented times. Your safety as well as the safety of our clients and staff is our highest priority.

Columbus House is doing everything in our power to protect you and our Columbus House community from the spread of COVID-19. To this extent, we will be following the Centers for Disease Control and Prevention (CDC) and local health department guidelines.

In order to safely volunteer at Columbus House while mitigating the spread of COVID-19, you must be FULLY VACCINATED and SHOW PROOF of your vaccination status. A CDC issued *“COVID-19 Vaccination Record Card”* must be presented to staff along with this signed form prior to your volunteer service.

While volunteering at Columbus House or participating in events held or sponsored by Columbus House, “social distancing” must be practiced, and you must maintain at least six (6) feet of distance between yourself and others whenever possible. Approved face coverings such as N95 or KN95 masks must be worn at all times (and will be supplied if you don’t have one) while volunteering at any of our facilities.

Because COVID-19 is extremely contagious and is spread mainly from person-to-person contact, Columbus House has put in place preventative measures to reduce the spread of COVID-19. However, we cannot guarantee that our clients, volunteers, staff, or others working on our premises will not become infected with the virus.

VOLUNTEER REQUIREMENTS:

By volunteering for Columbus House, I certify that the following are true: (Circle TRUE or FALSE for each. All four must be true to qualify for volunteer service)

1. **Yes/No** I have been fully vaccinated against COVID-19
2. **Yes/No** I do not currently or have not within the past fourteen (14) days experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath, among others
3. **Yes/No** I have not been exposed to a confirmed or suspected case of COVID-19 within the past 14 days
4. **Yes/No** I have not tested positive for COVID-19 in the past 14 days

DUTY TO SELF-MONITOR:

As a Columbus House volunteer, you agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, sore throat, shortness of breath and loss of taste and smell) and, to contact the Columbus House Volunteer Coordinator, Sheree DiMario at sdimario@columbushouse.org or Columbus House Shelter Manager John Sanford at jsanford@columbushouse.org if you experience any symptoms of COVID-19 within 14 days after volunteering at Columbus House.

ASSUMPTION OF RISK:

I acknowledge and understand the following:

While adhering to policies and procedures and performing regular self-assessments may reduce my risk, my volunteer activities at Columbus House involve certain risks including possible exposure to and illness from infectious diseases which may include COVID-19.

By signing below, I knowingly and freely assume all such risks related to illness and infectious diseases, including COVID-19.

I accept and agree to the terms stated above and register to volunteer with Columbus House.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

EMAIL: _____ PHONE: _____

VACCINATION DATES: 1) _____ 2) _____ 3) [optional] _____ 4) [optional] _____

EMPLOYEE SIGNATURE: _____

EMPLOYEE NAME (print): _____