





* REQUIRED FOR ALL VOLUNTEERS *

PROVISION Mobile Pantry Volunteer & Visitor Health Statement

PROVISION Mobile Pantry is taking a number of safety-related steps to help prevent the spread of COVID19 to help safeguard our team members, volunteers and other visitors. Volunteers are required to submit this in addition to the volunteer consent form prior to the shift.

Email Address	Primary Phone #
Volunteer First & Last Name (PLEASE PRINT)	Volunteer Signature & Date
I understand that if at any time I do not follow the recolleave by Food Bank staff.	mmendations mentioned above, I may be asked to
I understand it is my responsibility to follow the Food E recommendations) to wash my hands before and afte volunteering.	· · · · · · · · · · · · · · · · · · ·
I understand that should I feel uncomfortable at any p	oint during my shift, I am welcome to leave.
I understand the precautions that the Food Bank has	in place and I am choosing to volunteer today.
I am NOT currently experiencing a fever with a cough	and/or shortness of breath.
I do NOT have pending COVID-19 test results or are of been asked to self-quarantine for COVID-19	currently diagnosed as having COVID-19; nor have
I have NOT had close contact with, cared for, or live in COVID-19 within the last 14 days;	n the same household as someone diagnosed with
I have NOT traveled to a region or country listed as ar Disease Control and Prevention (CDC) with respect to Italy and Iran); this includes other areas such as Seat the last 14 days	COVID-19 (currently China, Japan, South Korea,

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