

I, _____ acknowledge the organization I am a volunteer for, the <YOUR ORGANIZATION'S NAME HERE> has provided me guidance and clear expectations on health and safety measures and practices to follow during the course of a pandemic. I understand as a volunteer of the <YOUR ORGANIZATION'S NAME HERE>, I have a responsibility to follow these without exception.

Specifically, I understand I, _____:

1. Am required to complete my volunteering tasks from home, or such other location as may be agreed, until such time it is safe to return to the office.
2. Am required to ask a Manager and/or Director if I can go to an <YOUR ORGANIZATION'S NAME HERE> office for the purpose of picking up supplies. I understand a Manager and/or Director will ensure I am the only one on site.
3. Am required to wear disposable gloves when going to any <YOUR ORGANIZATION'S NAME HERE> office and whenever carrying out ONWA duties offsite.
4. Am required to wear a mask (if supplied) when going to any <YOUR ORGANIZATION'S NAME HERE> office and whenever carrying out ONWA duties offsite.
5. Am required to sanitize any areas touched and/or used while in the <YOUR ORGANIZATION'S NAME HERE> office and prior to exiting.

When volunteering in community or public areas as a result of being an essential service, I further understand I, _____:

6. Am required to maintain social distancing practices keeping a minimum of six (6) feet away from ANY person.
7. Am required to wear all personal protective equipment supplied to me and may include:
 - a. Disposable gloves
 - b. Mask
 - c. Goggles
 - d. Hazmat suit

If I am able to supply my own personal protective equipment, I will do so, and will properly wear all available personal protective equipment while volunteering.

8. Am required to drop off any resources to community members at an agreed safe area. I know not to hand anything to community members and to drop and go.
9. Agree to not transport any community members in my vehicle.
10. Agree to immediately, inform Human Resources if I have been in contact with anyone who has contracted COVID-19 and/or who is symptomatic.
11. Agree to immediately inform Human Resources if I have been in contact with anyone who has travelled outside the province and/or the country.
12. Agree to inform a Manager and Human Resources if I have any intention of travelling outside of the province, beforehand.
13. Agree to immediately inform Human Resources if I have contracted COVID-19.
14. Agree to take all other reasonable precautions that may be recommended by the Public Health Agency of Canada from time to time for the prevention of COVID-19.

Following the health and safety guidelines as noted above, will help to keep me, my family, ONWA workers, my fellow volunteers, and community members safe. I understand I have a responsibility

in this and know if I do not follow these health and safety protocols, I will be asked to leave and /or cannot volunteer.

Furthermore, I, _____ acknowledge and agree, on behalf of myself, my heirs, successors and assigns, in consideration of being allowed to volunteer with the <YOUR ORGANIZATION'S NAME HERE> and other valuable consideration, the receipt and sufficiency of which is hereby irrevocably acknowledged, hereby release and forever discharge the <YOUR ORGANIZATION'S NAME HERE>, as well as <YOUR ORGANIZATION'S NAME HERE> directors, employees, servants, agents, heirs, administrators, executors, successors, predecessors, and assigns (hereinafter called the "Releasees") jointly and severally from any and all manner of actions, causes of actions, contracts, covenants, whether express or implied, claims and demands for damages, indemnity, costs, interest, benefits, loss of benefits, loss or injury of every nature and kind whatsoever and howsoever arising, whether statutory or otherwise, including claims for damages under Part V of the *Family Law Act*, RSO 1990, c F3 ("Claims"), which I, my heirs, successors or assigns may heretofore have had, may now have, or may hereinafter have, by reason of or arising out of my becoming sick while volunteering for <YOUR ORGANIZATION'S NAME HERE>, whether or not such sickness can be said to have been caused by volunteering, and whether or not such sickness is diagnosed as COVID-19.

I hereby acknowledge and agree to follow all guidelines and expectations noted in this health and safety protocol during times of a pandemic.

Date

Signature