



Volunteer and Constituent Check-In Form

Jewish Family Services is committed to protecting our clients, including vulnerable seniors and those with underlying health conditions. Thank you for completing this form to help protect yourself and the safety of others.

Has your temperature been taken today and is it under 100 degrees? *If no, please discuss with appropriate JFS staff member.*

Yes

Do you have or have you recently had a dry cough?

No

Yes

Have you recently had a loss of taste or smell?

No

Yes

Have recently you an unusually upset stomach or loss of appetite?

No

Yes

Have you traveled out of the state in the last 3 weeks?

If so, where? _____ **When? (Start-End date)** _____

Is anyone in your home experiencing any of the aforementioned symptoms? **No** **Yes**

- **To my knowledge, I have not been exposed to COVID-19, and I am not exhibiting any symptoms of illness.**
- **Yes, I will wear a mask at all times during JFS-related activity.**
- **Yes, I will maintain at least 6 feet of distance between myself and the JFS constituent or staff member(s).**

Print Name

Signature

Date

Please tell us how you are involved with JFS:

Project 5 Driver

NNORC Program Participant

Group Participant

Project 5 Passenger

Counseling Client

Intern

Volunteer: Grocery Shopping and/or meal delivery

Other (specify) _____

While Jewish Family Services has implemented protocols to reduce staff, volunteer and client exposure in the workplace or during JFS activities, related to the COVID-19 pandemic, there is still risk associated with being in contact with other people. COVID-19 is a community-spread virus, therefore, Jewish Family Services shall not be responsible for personal interactions made at the discretion of the individual that may result in getting the infection.

I, _____, assume full risk and responsibility for my health, fully release Jewish Family Service from any liability, with regard to the COVID-19 virus and any other health issues.

Print Name

Signature

Date