

## Volunteer Consent Form & COVID-19 Agreement

Agreement (p	olease initial by each)		
		of illness such as a fever, cough, or shortness of breath.	
		ncel my shift before arriving at BEARBE A Resource for CPS	
	as far in advance as possible.	v	
•	I am aware that I must follow the safety and hygie	ene protocols that have been implemented by BEARBE A	
	urce for CPS Kids and that were communicated to n		
	est that:	g and g and g	
	I have not traveled internationally in the	nast 14 days	
		rea within the United States in the past 14 days.	
		to a person with a confirmed or suspected case of COVID-19.	
C		and not yet cleared as noncontagious by state or local public	
	health authorities.		
C		as much as possible - practicing social distancing by	
		0, trying to maintain separation of six feet from others, and	
	otherwise limiting my exposure to the coronavi	rus.	
A	Disland Mariana Chishilia		
Assumption of	Risk and Waiver of Liability		
Ī	the undersigned acknowleds	ge that I have voluntarily applied to BEARBE A Resource for CPS	
Kids volunteer program. I understand that the scope of my volunteer relationship with BEARBE A Resource for CPS Kids is limited to a			
volunteer position and that no compensation is expected in return for services provided by me; that BEARBE A Resource for CPS Kids will			
		that I am responsible for my own insurance coverage in the event of	
		urce for CPS Kids. I understand that my volunteer activities with	
		nazardous to me, including but not limited to packing, loading,	
		PS Caseworkers, transportation to and from work sites, and	
		reciate the risks that are inherent to my volunteer activities. I hereby	
assume the risk of bodily injury, illness, death, medical treatment and property damage resulting from my volunteer as of 3/25/2020			
activities, even if resulting from the negligence of BEARBE A Resource for CPS Kids or its officers, directors, employees or agents. I hereby			
		ce for CPS Kids harmless from, and waive on behalf of myself and my	
		who volunteer with me, any and all causes of action, claims,	
		ss to myself and/or property that may be caused by any act, or failure	
		in any way in connection with any voluntary activities with, or for	
		arges BEARBE A Resource for CPS Kids from any liability or claim	
		for may have against BEARBE A Resource for CPS Kids with respect	
to any bodily in	njury, illness, death, medical treatment, or property dama	ge that may arise from or in connection with my volunteer activities.	
This liability w	aiver and release extends to BEARBE A Resource for CF	S Kids together with all of its officers, directors, affiliates, employees	
		hat the exclusive venue for any dispute arising from this release will	
be a court of co	ompetent jurisdiction sitting in Houston, TX.		
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volunteer Na	ame:	Date:	
Ano wou 10 :	years of age? Yes No		
For minors of	nly, parent signature required here:		
Volunteer Sid	gnature:		
Volunteer big	5nature		
Phone Numb	per: Emai	l Address:	
Mailing Addr	ess:		
F 0	2 t. M	Dl N l	
Emergency C	Contact Name:	Phone Number:	
Emergency C	Contact #2	Phone Number	