



# AmeriCorps Seniors

**RSVP of Spokane County**  
YMCA of the Inland Northwest  
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## Volunteer Safety Questionnaire

Prior to returning to in-person volunteer service, I confirm that:

- I have not been diagnosed with, or provided care to someone diagnosed with, COVID-19 in the past two weeks.
- I do not have a cough, fever, chills, shortness of breath, or loss of smell or taste.
- I have not shown symptoms of COVID-19 or come into close contact with anyone exhibiting symptoms of this virus.
- Within the last two weeks, I have not traveled outside of my immediate daily routine, or participated in activities with more than five people, without observing social distancing or wearing a proper face covering.
- If I begin to show symptoms of COVID-19 while volunteering I will immediately contact my volunteer supervisor (on-site), and I promise not to return to my volunteer station for a period of at least 14 days, with at least 72 hours passing since I last displayed any of the symptoms listed above.

### Liability Waiver

- I acknowledge that RSVP of Spokane County and the Centers for Disease Control and Prevention ("CDC") guidelines regarding the novel coronavirus ("COVID-19") discourage in-person volunteering outside the home at this time, and that if I choose to volunteer in-person, I accept full responsibility for the health risks associated with my service as a volunteer.

Further, I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my service as a volunteer and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE RSVP of Spokane County and the YMCA of the Inland Northwest, their owners, officers, directors, agents, employees, and assignees from liability related to COVID-19 which might occur as a result of my service as a volunteer.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**