

Date:

I, _____, wishing to volunteer my time and services for Literacy DuPage hereby acknowledge that said organization is doing everything they can to protect the public as well myself as a volunteer. To this extent, I agree to follow Center of Disease Control (CDC) and local health district guidelines and Literacy DuPage policies and procedures for social distancing to reduce the spread of Novel Coronavirus, or COVID-19. This will require me to maintain six (6) feet of distance between myself, and my learner.

I agree to utilize surgical masks or improvised masks such as fabric face masks, scarves, or bandanas, to reduce the risk of exposure to myself and others. I agree to wash or sanitize my hands after using the restroom, sneezing, and coughing, and before eating, and will properly wear and utilize sterile gloves.

I understand that there is no direct medical health coverage afforded to me during my relationship with Literacy DuPage. Literacy DuPage is not responsible for any potential exposure to Novel Coronavirus, or COVID-19, which is not a direct result of negligence on the part of their employees, volunteers, or the organization. Unless specifically stated in writing, I understand that there is no employment security insurance provided to me.

By signing below, I agree to comply with the written instructions above. Failure to comply with these written instructions may result in my volunteer privileges being removed and I may be asked to leave the premises.

Printed Name

Signature

Date